

Brockton Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Food Protection Program

45 School Street

Brockton, MA 02301

Tel. (508) 580-7175 Fax (508) 580-7179

Name	Ashfield School		Date	4-3-19	Type of Operation(s)	<input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast		Type of Inspection	<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-Inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____	
Address	225 Coe Rd		Risk Level		HACCP Y/N					
Telephone	508 580 7247				Time					
Owner	BPS				In:					
Person in Charge (PIC)	Tom Mc Neely				Out:					
Inspector	Mary Jane Butler				Permit No.					

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking	Tobacco
590.009(E) <input type="checkbox"/>	590.009(F) <input type="checkbox"/>
□ Allergens	

FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC
 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

4. Food and Water from Approved Source
 5. Receiving/Condition
 6. Tags/Records/Accuracy of Ingredient Statements
 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

8. Separation/ Segregation/ Protection
 9. Food Contact Surfaces Cleaning and Sanitizing
 10. Proper Adequate Handwashing
 11. Good Hygienic Practices

12. Prevention of Contamination from Hands
 13. Handwash Facilities

PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives
 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures
 17. Reheating
 18. Cooling
 19. Hot and Cold Holding
 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

21. Food and Food Preparation for HSP

CONSUMER ADVISORY

22. Posting of Consumer Advisories

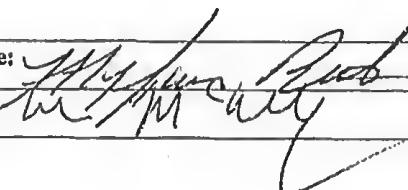


Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

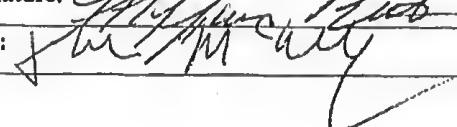
DATE OF RE-INSPECTION:

S:590InspectionForm6-14.doc

Inspector's Signature: 

Print:

Mary Jane Butler

PIC's Signature: 

Print:

Tom Mc Neely

Page _____ of _____ Pages

Establishment Name: Ashfield School Date: 10/09/2010

Date: 1-3-19 Page: 1 of 1

1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators

a) #1 36 F, #2 36 F, #3 38 F, #4 F, #5 F, #6 F, #7 F, #8 F, #9 F

freezers

b) #1 F, #2 F, #3 F, #4 F, #5 F, #6 F, #7 F

c) Are thermometers in place in all of the above? Yes No

2). Potentially Hazardous foods:

a) Stored at proper/temperatures/conditions?

Yes No

b) Misbranded/adulterated/ unknown source?

Yes No

c) Original, packaging, container in sound condition?

Yes No

d) Outdated products?

Yes No

e) PHF at proper temperatures (hot/cold)?

Yes No

3) Water source:

a) Any defects in system?

Yes No

b) Cross Contamination (check backflow preventers where needed?)

Yes No

c) Proper temperatures & pressure (check all faucets/fixtures)

Yes No

4) Sewage/Plumbing :

Is sewage disposal system in good condition?

Yes No

(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

Yes No

5) Bathroom, Facilities (men', ladies, employees)

a) Is facility vented properly?

Yes No

b) Proper water temperature?

Yes No

c) Soap, paper towels, toilet tissue, & all holders in place?

Yes No

d) Door closure in place?

Yes No

e) Hand washing signs in place in all bathrooms?

Yes No

6) Rodent/roach/insect infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?

Yes No

Look for bait boxes/droppings and check extermination reports

7) Worker Hygiene-Any signs of problems?

Check for hair restraints, clothing etc, any open cuts/sores etc?

Yes No

8) Two & three bay sinks/dishwashers/drain boards

a) Sanitizer charts posted?

Yes No

b) Sanitizer used?

Yes No

c) Chemical test kit on premises?

Yes No

d) Wiping cloths kept in sanitizer?

Yes No

e) Sanitizer log kept?

Yes No

9) Facilities

a) Are food contact surfaces/equipment clean/sanitized

Yes No

b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.)

Yes No

10) Dumpster area clean/tight fitting lids/yard clean

Yes No

11) Are toxic chemicals labeled and stored properly?

Yes No

Brockton Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

(Schools)

Food Protection Program

45 School Street

Brockton, MA 02301

Tel. (508) 580-7175 Fax (508) 580-7179

Name	B.B. Russell School		
Address	45 Oakdale Avenue		
Telephone	508. 894-4569		
Owner	BPS		
Person in Charge (PIC)			
Inspector	PDL		
Date	3/21/19		
Risk Level			
HACCP Y/N			
Time	In: 11AM Out:		
Permit No.			
Type of Operation(s)	<input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast		
Type of Inspection	<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Previous Inspection Date: 6/18/15 <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____		

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:
 Anti-Choking Tobacco
 590.009(E) 590.009(F)
 Allergens

FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC

3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

4. Food and Water from Approved Source

5. Receiving/Condition

6. Tags/Records/Accuracy of Ingredient Statements

7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

8. Separation/ Segregation/ Protection

9. Food Contact Surfaces Cleaning and Sanitizing

10. Proper Adequate Handwashing

11. Good Hygienic Practices

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15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures

17. Reheating

18. Cooling

19. Hot and Cold Holding

20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

21. Food and Food Preparation for HSP

CONSUMER ADVISORY

22. Posting of Consumer Advisors

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

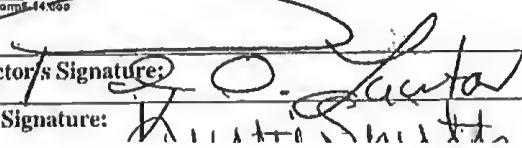
C	N	Violation Description	Code/Section
		23. Management and Personnel	(FC-2)(590.003)
		24. Food and Food Protection	(FC-3)(590.004)
		25. Equipment and Utensils	(FC-4)(590.005)
		26. Water, Plumbing and Waste	(FC-5)(590.006)
		27. Physical Facility	(FC-6)(590.007)
		28. Poisonous or Toxic Materials	(FC-7)(590.008)
		28. Special Requirements	(590.009)
		30. Other	

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

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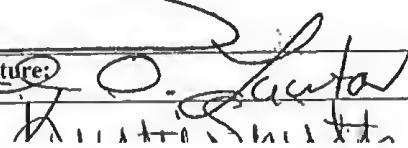
DATE OF RE-INSPECTION:

5/590.009 Inspect Form 544.009

Inspector's Signature: 

Print:

PATRICK O. LALTON

PIC's Signature: 

Print:

Kristie Smith

Page 1 of 2 Pages

Establishment Name: B.B Russell School

Date: 3/21/19

Page: 3 of 3

Item No. Code Reference
C - Critical Item
R - Red ItemDESCRIPTION OF VIOLATION / PLAN OF CORRECTION
PLEASE PRINT CLEARLY

Date Verified

Parking Lot + dumpster good ✓;

Kitchen facilities clean + organized,

Servers / Warmers well maintained and C Proper temps

NO OUTDATED FOOD

NO PEST ISSUES (IPM : Able Pest)

3-Bay sink good

(All food pre-heated - NO COOKING)

ServerSafe exp: 2022

Allergen ✓ Protective Equipment - hats + gloves ✓

Proper Food Prep and Food Handling ✓

NO VIOLATIONS

Discussion With Person in Charge:

Corrective Action Required
 No Yes

- Voluntary Compliance Employee Restriction / Exclusion
- Re-inspection Scheduled Emergency Suspension
- Embargo Emergency Closure
- Voluntary Disposal Other

1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators MILK

a) #1 37 F, #2 29 F, #3 40 F, #4 28 F, #5 5 F, #6 6 F, #7 7 F, #8 8 F, #9 9 F

freezers b) #1 16 F, #2 2 F, #3 3 F, #4 4 F, #5 5 F, #6 6 F, #7 7 F

c) Are thermometers in place in all of the above? Yes No

2) Potentially Hazardous foods:

a) Stored at proper/temperatures/conditions? Yes No

b) Misbranded/adulterated/ unknown source? Yes No

c) Original, packaging, container in sound condition? Yes No

d) Outdated products? Yes No

e) PHF at proper temperatures (not/cold)? Yes No

3) Water source:

a) Any defects in system? Yes No

b) Cross Contamination (check backflow preventers where needed?) Yes No

c) Proper temperatures & pressure (check all faucets/fixtures) Yes No

4) Sewage/Plumbing

is sewage disposal system in good condition? (check drains/ice machines/bar sinks, air gap, traps/grease traps etc) Yes No

5) Bathroom, Facilities (men', ladies, employees)

a) Is facility vented properly? Yes No

b) Proper water temperature? Yes No

c) Soap, paper towels, toilet tissue, & all holders in place? Yes No

d) Door closure in place? Yes No

e) Hand washing signs in place in all bathrooms? Yes No

6) Rodent/roach/insect infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc? Yes No

Look for bait boxes/droppings and check extermination reports Yes No

7) Worker Hygiene-Any signs of problems?

Check for hair restraints, clothing etc, any open cuts/sores etc? Yes No

8) Two & three bay sinks/dishwashers/drain boards

a) Sanitizer charts posted? Yes No

b) Sanitizer used? Yes No

c) Chemical test kit on premises? Yes No

d) Wiping cloths kept in sanitizer? Yes No

e) Sanitizer log kept? Yes No

9) Facilities

a) Are food contact surfaces/equipment clean/sanitized? Yes No

b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.) Yes No

10) Dumpster area clean/tight fitting lids/yard clean Yes No

11) Are toxic chemicals labeled and stored properly? Yes No

HOT HOLDING
@
158°F

3/21/19
pd

Brockton Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Name	Brockton High Azure		Date	4-11-19	Type of Operation(s)	<input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast		Type of Inspection
Address	470 Forest Ave		Risk Level		Previous Inspection Date:	<input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____		
Telephone	508.580.2642		HACCP Y/N					
Owner	Brockton School Dept.		Time					
Person in Charge (PIC)			In:					
Inspector	Mary Jane Butler		Out:		Permit No.			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:
 Anti-Choking Tobacco
 590.009(E) 590.009(F)
 Allergens

FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC

3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

4. Food and Water from Approved Source

5. Receiving/Condition

6. Tags/Records/Accuracy of Ingredient Statements

7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

8. Separation/ Segregation/ Protection

9. Food Contact Surfaces Cleaning and Sanitizing

10. Proper Adequate Handwashing

11. Good Hygienic Practices

12. Prevention of Contamination from Hands

13. Handwash Facilities

PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives

15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures

17. Reheating

18. Cooling

19. Hot and Cold Holding

20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

21. Food and Food Preparation for HSP

CONSUMER ADVISORY

22. Posting of Consumer Advisories

Number of Violated Provisions Related
To Foodborne Illnesses Interventions
and Risk Factors (Red Items 1-22):

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Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N

- 23. Management and Personnel (FC-2)(590.003)
- 24. Food and Food Protection (FC-3)(590.004)
- 25. Equipment and Utensils (FC-4)(590.005)
- 26. Water, Plumbing and Waste (FC-5)(590.006)
- 27. Physical Facility (FC-6)(590.007)
- 28. Poisonous or Toxic Materials (FC-7)(590.008)
- 28. Special Requirements (590.009)
- 30. Other

B: 590InspecForm14.doc

DATE OF RE-INSPECTION:

Inspector's Signature: <i>Mary Jane Butler</i>	Print: <i>Mary Jane Butler</i>	Page _____ of _____ Page
PIC's Signature: <i>Ken Dush</i>	Print: <i>Ken Dush</i>	

Establishment Name: Brockton High AzurDate: 4-11Page: 1 of 1

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION PLEASE PRINT CLEARLY	Date Verified
			<p>Refrigerator 310 39 39 37 37</p> <p>Refrigerator in use</p> <p>Equipment clean</p> <p>Hair net → gloves (left)</p> <p>all work surfaces clean</p> <p>dry goods stored properly in cool temperatures</p> <p>Service Safe and allergens W/D Karonwarrone Hazez</p> <p>reconvene ITM 24 week</p>	

Discussion With Person in Charge:

Corrective Action Required: No Yes

<input type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> Employee Restriction / Exclusion
<input type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/> Emergency Suspension
<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Closure
<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other:

1) Temperatures; record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators
 a) #1 38 F, #2 46 F, #3 39 F, #4 39 F, #5 37 F, #6 32 F, #7 F, #8 F, #9 F

freezers
 b) #1 F, #2 F, #3 F, #4 F, #5 F, #6 F, #7 F

c) Are thermometers in place in all of the above? Yes No

2). Potentially Hazardous foods:

a) Stored at proper/temperatures/conditions? Yes No
 b) Misbranded/adulterated/ unknown source? Yes No
 c) Original, packaging, container in sound condition? Yes No
 d) Outdated products? Yes No
 e) PHF at proper temperatures (hot/cold)? Yes No

3) Water source:

a) Any defects in system? Yes No
 b) Cross Contamination (check backflow preventers where needed?) Yes No
 c) Proper temperatures & pressure (check all faucets/fixtures) Yes No

4) Sewage/Plumbing
 Is sewage disposal system in good condition?
 (check drains/ice machines/bar sinks, air gap, traps/grease traps etc)
 Yes No
 Yes No

5) Bathroom, Facilities (men', ladies, employees)

a) Is facility vented properly? Yes No
 b) Proper water temperature? Yes No
 c) Soap, paper towels, toilet tissue, & all holders in place? Yes No
 d) Door closure in place? Yes No
 e) Hand washing signs in place in all bathrooms? Yes No

6) Rodent/roach/insect Infestation
 Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?
 Look for bait boxes/droppings and check extermination reports
 Yes No

7) Worker Hygiene-Any signs of problems?
 Check for hair restraints, clothing etc, any open cuts/sores etc?
 Yes No

8) Two & three bay sinks/dishwashers/drain boards

a) Sanitizer charts posted? Yes No
 b) Sanitizer used? Yes No
 c) Chemical test kit on premises? Yes No
 d) Wiping cloths kept in sanitizer? Yes No
 e) Sanitizer log kept? Yes No

9) Facilities

a) Are food contact surfaces/equipment clean/sanitized Yes No
 b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.) Yes No
 Yes No
 Yes No
 Yes No

10) Dumpster area clean/tight fitting lids/yard clean Yes No

11) Are toxic chemicals labeled and stored properly? Yes No

Brockton Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Food Protection Program

45 School Street

Brockton, MA 02301

Tel. (508) 580-7175 Fax (508) 580-7179

Name	Brockton High Bakery		Date	7-11-19	Type of Operation(s)	Type of Inspection
Address	470 Forest Ave		Risk Level		<input checked="" type="checkbox"/> Food Service	<input checked="" type="checkbox"/> Routine
Telephone					<input type="checkbox"/> Retail	<input type="checkbox"/> Re-Inspection
Owner	BHS		HACCP Y/N		<input type="checkbox"/> Residential Kitchen	Previous Inspection
Person In Charge (PIC)			Time		<input type="checkbox"/> Mobile	Date:
Inspector	Mary Jane Butler		In:		<input type="checkbox"/> Temporary	<input type="checkbox"/> Pre-operation
			Out:		<input type="checkbox"/> Caterer	<input type="checkbox"/> Suspect Illness
					<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> General Complaint
						<input type="checkbox"/> HACCP
						<input type="checkbox"/> Other _____
Permit No.						

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

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Non-compliance with:
 Anti-Choking Tobacco
 590.009(E) 590.009(F)
 Allergens

FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC

3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

4. Food and Water from Approved Source

5. Receiving/Condition

6. Tags/Records/Accuracy of Ingredient Statements

7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

8. Separation/ Segregation/ Protection

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15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures

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18. Cooling

19. Hot and Cold Holding

20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

21. Food and Food Preparation for HSP

CONSUMER ADVISORY

22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		28. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

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DATE OF RE-INSPECTION:

Establishment Name: Brockton High School Date: 5-11 Page: 1 of 1

Brockton Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Food Protection Program
45 School Street
Brockton, MA 02301
Tel. (508) 580-7175 Fax (508) 580-7179

FOOD ESTABLISHMENT INSPECTION REPORT					
Name	Brockton High Commissary		Date	4/14/14	
Address	470 FOB Forest		Risk Level		
Telephone			HACCP Y/N		
Owner	BSD		Time		
Person in Charge (PIC)			In:		
Inspector	Mary Jane Butler		Out:		
Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast Permit No. _____					
Type of Inspection <input type="checkbox"/> Routine <input type="checkbox"/> Re-Inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____					
A combination on the narrative page(s) and a citation of specific provision(s) Non-compliance with:					

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

FOOD PROTECTION MANAGEMENT

1 PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

- 2. Reporting of Diseases by Food Employee and PIC
- 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- 4. Food and Water from Approved Source
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PROTECTION FROM CONTAMINATION

- 8. Separation/ Segregation/ Protection
- 9. Food Contact Surfaces Cleaning and Sanitizing
- 10. Proper Adequate Handwashing
- 11. Good Hygienic Practices

Violations Related to Good Retail Practices (Blue)

Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		28. Special Requirements (590.009)
		30. Other

B:\990\inspectForm6-14.500

**Number of Violated Provisions Related
To Foodborne Illnesses Interventions
and Risk Factors (Red Items 1-22):**

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature:

My son Bob

Print:

Print: Ken Duffe

Page ____ of ____ Pg

Establishment Name: Brockton Middle Community School Date: 5/11/2006 (P&G)

5/17-Hope (part)
Date: —

Page 2 of 2

Item No.	Code Reference	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION		Date Verified												
		PLEASE PRINT CLEARLY														
		<p>Reg 370</p> <p>Fr. 11</p> <p>Wash & Sinks & Sinks</p> <p>Work Stations Clean</p> <p>Rec. T.P.M. Due week</p> <p>Blow. Sink w. use</p> <p>Employee clean</p> <p>Recurrence T.P.M. Due week</p>														
<p>Discussion With Person in Charge:</p> <table border="1"> <thead> <tr> <th colspan="2">Corrective Action Required:</th> <th><input type="checkbox"/> No</th> <th><input type="checkbox"/> Yes</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Voluntary Compliance</td> <td><input type="checkbox"/> Employee Restriction / Exclusion</td> </tr> <tr> <td><input type="checkbox"/> Re-inspection Scheduled</td> <td><input type="checkbox"/> Emergency Suspension</td> </tr> <tr> <td><input type="checkbox"/> Embargo</td> <td><input type="checkbox"/> Emergency Closure</td> </tr> <tr> <td><input type="checkbox"/> Voluntary Disposal</td> <td><input type="checkbox"/> Other:</td> </tr> </tbody> </table>					Corrective Action Required:		<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> Employee Restriction / Exclusion	<input type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/> Emergency Suspension	<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Closure	<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other:
Corrective Action Required:		<input type="checkbox"/> No	<input type="checkbox"/> Yes													
<input type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> Employee Restriction / Exclusion															
<input type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/> Emergency Suspension															
<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Closure															
<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other:															

1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators

a) #1 37 F, #2 F, #3 F, #4 F, #5 F, #6 F, #7 F, #8 F, #9 F

freezers

b) #1 4 F, #2 F, #3 F, #4 F, #5 F, #6 F, #7 F

c) Are thermometers in place in all of the above? Yes No

2). Potentially Hazardous foods:

a) Stored at proper/temperatures/conditions? Yes ✓ No

b) Misbranded/adulterated/ unknown source? Yes ✓ No

c) Original, packaging, container in sound condition? Yes ✓ No

d) Outdated products? Yes ✓ No

e) PHF at proper temperatures (hot/cold)? Yes ✓ No

3) Water source:

a) Any defects in system? Yes No ✓

b) Cross Contamination (check backflow preventers where needed?) Yes No ✓

c) Proper temperatures & pressure (check all faucets/fixtures) Yes ✓ No

4) Sewage/Plumbing

Is sewage disposal system in good condition? Yes ✓ No
(check drains/ice machines/bar sinks, air gap, traps/grease traps etc) Yes ✓ No

5) Bathroom, Facilities (men', ladies, employees)

a) Is facility vented properly? Yes ✓ No

b) Proper water temperature? Yes ✓ No

c) Soap, paper towels, toilet tissue, & all holders in place? Yes ✓ No

d) Door closure in place? Yes ✓ No

e) Hand washing signs in place in all bathrooms? Yes ✓ No

6) Rodent/roach/insect infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?
Look for bait boxes/droppings and check extermination reports

7) Worker Hygiene-Any signs of problems?

Check for hair restraints, clothing etc, any open cuts/sores etc? Yes No ✓

8) Two & three bay sinks/dishwashers/drain boards

a) Sanitizer charts posted? Yes ✓ No

b) Sanitizer used? Yes ✓ No

c) Chemical test kit on premises? Yes ✓ No

d) Wiping cloths kept in sanitizer? Yes ✓ No

e) Sanitizer log kept? Yes ✓ No

9) Facilities

a) Are food contact surfaces/equipment clean/sanitized Yes ✓ No

b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.) Yes ✓ No

10) Dumpster area clean/tight fitting lids/yard clean Yes ✓ No

11) Are toxic chemicals labeled and stored properly? Yes ✓ No

Brockton Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Food Protection Program
45 School Street
Brockton, MA 02301
Tel. (508) 580-7175 Fax (508) 580-7179

Name	Brockton High Green		Date	4-11-19	Type of Operation(s)	<input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast		Type of Inspection
Address	470 Forest Ave		Risk Level		Previous Inspection Date:			
Telephone			HACCP Y/N		Pre-operation			
Owner	BSH		Time		Suspect Illness			
Person in Charge (PIC)			In:		General Complaint			
Inspector	Mary Jane Butte		Out:		HACCP			
Permit No. _____								Other _____

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:
Anti-Choking Tobacco
590.009(E) 590.009(F)
Allergens

FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC

3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

4. Food and Water from Approved Source

5. Receiving/Condition

6. Tags/Records/Accuracy of Ingredient Statements

7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

8. Separation/ Segregation/ Protection

9. Food Contact Surfaces Cleaning and Sanitizing

10. Proper Adequate Handwashing

11. Good Hygienic Practices

12. Prevention of Contamination from Hands

13. Handwash Facilities

PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives

15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures

17. Reheating

18. Cooling

19. Hot and Cold Holding

20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

21. Food and Food Preparation for HSP

CONSUMER ADVISORY

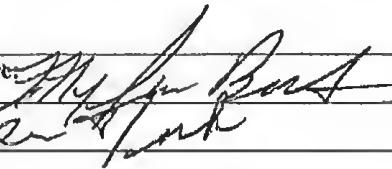
22. Posting of Consumer Advisories

Number of Violated Provisions Related
To Foodborne Illnesses Interventions
and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

B: 580InspectForm6-14.doc

Inspector's Signature: 

Print: MARY JANE BUTTE

PIC's Signature: 

Print: KEN DUSE

Page _____ of _____ Pages

Establishment Name: Brockton Board of Health

Date: 11-11

Page: 2 of 2

Item No.	Code Reference	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION						Date Verified								
		C - Critical Item R - Red Item				PLEASE PRINT CLEARLY										
		<p>Res: 37 38 37 39 33 30</p> <p>Hair & Gloves used 2 Day (or 2 day) Silver properly in containers Equipment clean Faucets & trim 24 week all surfaces clean all surfaces</p>														
<p>Discussion With Person in Charge:</p> <p>Corrective Action Required: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <table border="1"> <tr> <td><input type="checkbox"/> Voluntary Compliance</td> <td><input type="checkbox"/> Employee Restriction</td> </tr> <tr> <td><input type="checkbox"/> Re-inspection Scheduled</td> <td><input type="checkbox"/> Emergency Suspension</td> </tr> <tr> <td><input type="checkbox"/> Embargo</td> <td><input type="checkbox"/> Emergency Closure</td> </tr> <tr> <td><input type="checkbox"/> Voluntary Disposal</td> <td><input type="checkbox"/> Other</td> </tr> </table>								<input type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> Employee Restriction	<input type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/> Emergency Suspension	<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Closure	<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other	
<input type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> Employee Restriction															
<input type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/> Emergency Suspension															
<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Closure															
<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other															

1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators
 a) #1 57 F, #2 58 F, #3 57 F, #4 59 F, #5 52 F, #6 50 F, #7 5 F, #8 5 F, #9 5 F

freezers
 b) #1 5 F, #2 5 F, #3 5 F, #4 5 F, #5 5 F, #6 5 F, #7 5 F

c) Are thermometers in place in all of the above? Yes 5 No 5

2). Potentially Hazardous foods:

a) Stored at proper/temperatures/conditions? Yes 5 No 5

b) Misbranded/adulterated/ unknown source? Yes 5 No 5

c) Original, packaging, container in sound condition? Yes 5 No 5

d) Outdated products? Yes 5 No 5

e) PHF at proper temperatures (not/cold)? Yes 5 No 5

3) Water source:

a) Any defects in system? Yes 5 No 5

b) Cross Contamination (check backflow preventers where needed?) Yes 5 No 5

c) Proper temperatures & pressure (check all faucets/fixtures) Yes 5 No 5

4) Sewage/Plumbing

Is sewage disposal system in good condition?
 (check drains/ice machines/bar sinks, air gap, traps/grease traps etc) Yes 5 No 5

5) Bathroom, Facilities (men', ladies, employees)

a) Is facility vented properly? Yes 5 No 5

b) Proper water temperature? Yes 5 No 5

c) Soap, paper towels, toilet tissue, & all holders in place? Yes 5 No 5

d) Door closure in place? Yes 5 No 5

e) Hand washing signs in place in all bathrooms? Yes 5 No 5

6) Rodent/roach/insect infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?
 Look for bait boxes/droppings and check extermination reports

7) Worker Hygiene-Any signs of problems?

Check for hair restraints, clothing etc, any open cuts/sores etc? Yes 5 No 5

8) Two & three bay sinks/dishwashers/drain boards

a) Sanitizer charts posted? Yes 5 No 5

b) Sanitizer used? Yes 5 No 5

c) Chemical test kit on premises? Yes 5 No 5

d) Wiping cloths kept in sanitizer? Yes 5 No 5

e) Sanitizer log kept? Yes 5 No 5

9) Facilities

a) Are food contact surfaces/equipment clean/sanitized Yes 5 No 5

b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.) Yes 5 No 5

10) Dumpster area clean/tight fitting lids/yard clean Yes 5 No 5

11) Are toxic chemicals labeled and stored properly? Yes 5 No 5

Brockton Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Name	Brockton High K. Tech			Date	4-11-19	Type of Operation(s)	<input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast		Type of Inspection
Address	4170 Forest Ave			Risk Level		Previous Inspection Date:			
Telephone				HACCP Y/N		Pre-operation			
Owner	BSD			Time In:		Suspect Illness			
Person In Charge (PIC)				Out:		General Complaint			
Inspector	Mary Jane Butler					HACCP			
						Other			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:
 Anti-Choking Tobacco
 590.009(E) 590.009(F)
 Allergens

FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC

3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

4. Food and Water from Approved Source

5. Receiving/Condition

6. Tags/Records/Accuracy of Ingredient Statements

7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

8. Separation/ Segregation/ Protection

9. Food Contact Surfaces Cleaning and Sanitizing

10. Proper Adequate Handwashing

11. Good Hygienic Practices

12. Prevention of Contamination from Hands

13. Handwash Facilities

PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives

15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures

17. Reheating

18. Cooling

19. Hot and Cold Holding

20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

21. Food and Food Preparation for HSP

CONSUMER ADVISORY

22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	Violation Description	Code
		23. Management and Personnel	(FC-2)(590.003)
		24. Food and Food Protection	(FC-3)(590.004)
		25. Equipment and Utensils	(FC-4)(590.005)
		26. Water, Plumbing and Waste	(FC-5)(590.006)
		27. Physical Facility	(FC-6)(590.007)
		28. Poisonous or Toxic Materials	(FC-7)(590.008)
		29. Special Requirements	(590.009)
		30. Other	

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

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DATE OF RE-INSPECTION:

Establishment Name: Breckenridge Vets

Date: 4-11-

Page: 1 of 1

Item No.	Code Reference	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION						Date Verified								
		PLEASE PRINT CLEARLY														
		R 45 38' 35 35 35 34														
		2 bay Sink in its 3 bay Sink in its F server 60° Equipment Chem will Stables clear														
		Sewers up to date. Linda Machining 7020 Kaw rest & glasses use recommended IPM 2 X work														
<p>Discussion With Person in Charge:</p> <p>Corrective Action Required: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <table border="1"> <tr> <td><input type="checkbox"/> Voluntary Compliance</td> <td><input type="checkbox"/> Employee Restriction / Exclusion</td> </tr> <tr> <td><input type="checkbox"/> Re-inspection Scheduled</td> <td><input type="checkbox"/> Emergency Suspension</td> </tr> <tr> <td><input type="checkbox"/> Embargo</td> <td><input type="checkbox"/> Emergency Closure</td> </tr> <tr> <td><input type="checkbox"/> Voluntary Disposal</td> <td><input type="checkbox"/> Other:</td> </tr> </table>								<input type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> Employee Restriction / Exclusion	<input type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/> Emergency Suspension	<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Closure	<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other:	
<input type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> Employee Restriction / Exclusion															
<input type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/> Emergency Suspension															
<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Closure															
<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other:															

1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators

a) #1 38 F, #2 35 F, #3 35 F, #4 45 F, #5 39 F, #6 F, #7 F, #8 F, #9 F

freezers

b) #1 6 F, #2 F, #3 F, #4 F, #5 F, #6 F, #7 F

c) Are thermometers in place in all of the above? Yes No

2). Potentially Hazardous foods:

a) Stored at proper/temperatures/conditions?

Yes ✓ No

b) Misbranded/adulterated/ unknown source?

Yes No ✓

c) Original, packaging, container in sound condition?

Yes ✓ No

d) Outdated products?

Yes No ✓

e) PHF at proper temperatures (hot/cold)?

Yes ✓ No

3) Water source:

a) Any defects in system?

Yes No ✓

b) Cross Contamination (check backflow preventers where needed?)

Yes No ✓

c) Proper temperatures & pressure (check all faucets/fixtures)

Yes ✓ No

4) Sewage/Plumbing

Is sewage disposal system in good condition?

Yes No ✓

(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

Yes No

5) Bathroom, Facilities (men', ladies, employees)

a) Is facility vented properly?

Yes No

b) Proper water temperature?

Yes No

c) Soap, paper towels, toilet tissue, & all holders in place?

Yes No

d) Door closure in place?

Yes No

e) Hand washing signs in place in all bathrooms?

Yes No

6) Rodent/roach/insect infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?

Yes No ✓

Look for bait boxes/droppings and check extermination reports

7) Worker Hygiene-Any signs of problems?

Check for hair restraints, clothing etc, any open cuts/sores etc?

Yes No ✓

8) Two & three bay sinks/dishwashers/drain boards

a) Sanitizer charts posted?

Yes ✓ No

b) Sanitizer used?

Yes No ✓

c) Chemical test kit on premises?

Yes ✓ No

d) Wiping cloths kept in sanitizer?

Yes ✓ No

e) Sanitizer log kept?

Yes ✓ No

9) Facilities

a) Are food contact surfaces/equipment clean/sanitized

Yes ✓ No

b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.)

Yes No ✓

10) Dumpster area clean/tight fitting lids/yard clean

Yes No ✓

11) Are toxic chemicals labeled and stored properly?

Yes ✓ No

Establishment Name: Brockton LibraryDate: 1/11/2023

DESCRIPTION OF VIOLATION / PLAN OF CORRECTION

PLEASE PRINT CLEARLY

Date Verified

Item No.	Code Reference	C - Critical Item R = Red Item	RS 38, 37 38 38 38
			2023-1
			Equipment clean but not surface cleaned
			Book Surface clean
			Signage (Felt) and Machine 2023
			Daniel Sciarra 2023
			All signs up to date
			Day Sign and other paper by in crossings
			Sign and display signs
			Recommend 10m Dry west

Discussion With Person in Charge:	Corrective Action Required:	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	<input type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> Employee Restriction	
	<input type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/> Emergency Suspension	
	<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Closure	
	<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other.	

1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators

a) #1 38 F, #2 37 F, #3 38 F, #4 38 F, #5 38 F, #6 F, #7 F, #8 F, #9 F

freezers

b) #1 F, #2 F, #3 F, #4 F, #5 F, #6 F, #7 F

c) Are thermometers in place in all of the above? Yes No

2) Potentially Hazardous foods:

a) Stored at proper/temperatures/conditions?

Yes ✓ No

b) Misbranded/adulterated/ unknown source?

Yes No ✓

c) Original, packaging, container in sound condition?

Yes No ✓

d) Outdated products?

Yes No ✓

e) PHF at proper temperatures (hot/cold)?

Yes ✓ No

3) Water source:

a) Any defects in system?

Yes No ✓

b) Cross Contamination (check backflow preventers where needed?)

Yes No ✓

c) Proper temperatures & pressure (check all faucets/fixtures)

Yes ✓ No

4) Sewage/Plumbing

Is sewage disposal system in good condition?

Yes No ✓

(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

Yes No

5) Bathroom, Facilities (men', ladies, employees)

a) Is facility vented properly?

Yes ✓ No

b) Proper water temperature?

Yes ✓ No

c) Soap, paper towels, toilet tissue, & all holders in place?

Yes No ✓

d) Door closure in place?

Yes No ✓

e) Hand washing signs in place in all bathrooms?

Yes ✓ No

6) Rodent/roach/insect infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?

Yes No ✓

Look for bait boxes/droppings and check extermination reports

7) Worker Hygiene-Any signs of problems?

Check for hair restraints, clothing etc, any open cuts/sores etc?

Yes No ✓

8) Two & three bay sinks/dishwashers/drain boards

a) Sanitizer charts posted?

Yes ✓ No

b) Sanitizer used?

Yes No

c) Chemical test kit on premises?

Yes ✓ No

d) Wiping cloths kept in sanitizer?

Yes ✓ No

e) Sanitizer log kept?

Yes ✓ No

9) Facilities

a) Are food contact surfaces/equipment clean/sanitized

Yes ✓ No

b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.)

Yes ✓ No

10) Dumpster area clean/tight fitting lids/yard clean

Yes ✓ No

11) Are toxic chemicals labeled and stored properly?

Yes ✓ No

Brockton Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Food Protection Program
45 School Street
Brockton, MA 02301
Tel. (508) 580-7175 Fax (508) 580-7179

Name	Brockton High Warehouse		Date	4/11/9	Type of Operation(s)	<input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast		Type of Inspection	<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-Inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____	
Address	4170 Forest Ave		Risk Level		HACCP Y/N					
Telephone	2				Time					
Owner	BSD				In:					
Person In Charge (PIC)					Out:					
Inspector	Mary Jane Butler				Permit No.					

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:
 Anti-Choking Tobacco
 590.009(E) 590.009(F)
 Allergens

FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC

3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

4. Food and Water from Approved Source

5. Receiving/Condition

6. Tags/Records/Accuracy of Ingredient Statements

7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

8. Separation/ Segregation/ Protection

9. Food Contact Surfaces Cleaning and Sanitizing

10. Proper Adequate Handwashing

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12. Prevention of Contamination from Hands

13. Handwash Facilities

PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives

15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures

17. Reheating

18. Cooling

19. Hot and Cold Holding

20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

21. Food and Food Preparation for HSP

CONSUMER ADVISORY

22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

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DATE OF RE-INSPECTION:

Establishment Name: _____

DEFINITION OF VIOLATION / PLAN OF CORRECTION

卷之三

1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators

a) #1 37 F, #2 F, #3 F, #4 F, #5 F, #6 F, #7 F, #8 F, #9 F

freezers

b) #1 F, #2 F, #3 F, #4 F, #5 F, #6 F, #7 F

c) Are thermometers in place in all of the above? Yes No

2) Potentially Hazardous foods:

a) Stored at proper/temperatures/conditions? Yes ✓ No

b) Misbranded/adulterated/ unknown source? Yes No ✓

c) Original, packaging, container in sound condition? Yes ✓ No

d) Outdated products? Yes No ✓

e) PHF at proper temperatures (not/cold)? Yes ✓ No

3) Water source:

a) Any defects in system? Yes No ✓

b) Cross Contamination (check backflow preventers where needed?) Yes No ✓

c) Proper temperatures & pressure (check all faucets/fixtures) Yes ✓ No

4) Sewage/Plumbing

Is sewage disposal system in good condition? Yes ✓ No
(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

5) Bathroom, Facilities (men', ladies, employees)

a) Is facility vented properly? Yes No ✓

b) Proper water temperature? Yes No ✓

c) Soap, paper towels, toilet tissue, & all holders in place? Yes No ✓

d) Door closure in place? Yes No ✓

e) Hand washing signs in place in all bathrooms? Yes No ✓

6) Rodent/roach/insect infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc? Yes No ✓
Look for bait boxes/droppings and check extermination reports

7) Worker Hygiene-Any signs of problems?

Check for hair restraints, clothing etc, any open cuts/sores etc? Yes No ✓

8) Two & three bay sinks/dishwashers/drain boards

a) Sanitizer charts posted? Yes ✓ No

b) Sanitizer used? Yes No ✓

c) Chemical test kit on premises? Yes ✓ No

d) Wiping cloths kept in sanitizer? Yes No ✓

e) Sanitizer log kept? Yes No ✓

9) Facilities

a) Are food contact surfaces/equipment clean/sanitized? Yes No ✓

b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.) Yes No ✓

10) Dumpster area clean/tight fitting lids/yard clean Yes ✓ No

11) Are toxic chemicals labeled and stored properly? Yes No ✓

Brockton Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Food Protection Program

45 School Street

Brockton, MA 02301

Tel. (508) 580-7175 Fax (508) 580-7179

Name	Brockton High School		Date	4/11/19	Type of Operation(s)	<input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast		Type of Inspection	<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-Inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____	
Address	470 Forest Ave		Risk Level							
Telephone			HACCP Y/N							
Owner	BHS		Time							
Person In Charge (PIC)			In:							
Inspector	Mary Jane Botter		Out:							
Permit No.										

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:
 Anti-Choking Tobacco
 590.009(E) 590.009(F)
 Allergens

FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC

3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

4. Food and Water from Approved Source

5. Receiving/Condition

6. Tags/Records/Accuracy of Ingredient Statements

7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

8. Separation/ Segregation/ Protection

9. Food Contact Surfaces Cleaning and Sanitizing

10. Proper Adequate Handwashing

11. Good Hygienic Practices

12. Prevention of Contamination from Hands

13. Handwash Facilities

PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives

15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures

17. Reheating

18. Cooling

19. Hot and Cold Holding

20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

21. Food and Food Preparation for HSP

CONSUMER ADVISORY

22. Posting of Consumer Advisories

Number of Violated Provisions Related
To Foodborne Illnesses Interventions
and Risk Factors (Red Items 1-22):

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N
	23. Management and Personnel (FC-2)(590.003)
	24. Food and Food Protection (FC-3)(590.004)
	25. Equipment and Utensils (FC-4)(590.005)
	26. Water, Plumbing and Waste (FC-5)(590.006)
	27. Physical Facility (FC-6)(590.007)
	28. Poisonous or Toxic Materials (FC-7)(590.008)
	29. Special Requirements (590.009)
	30. Other

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Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <i>Mary Jane Botter</i>	Print: <i>Mary Jane Botter</i>
PIC's Signature: <i>Ken T. Park</i>	Print: <i>Ken T. Park</i>

Inspector's Signature: <i>Mary Jane Botter</i>	Print: <i>Mary Jane Botter</i>	Page _____ of _____ Pages
PIC's Signature: <i>Ken T. Park</i>	Print: <i>Ken T. Park</i>	

Establishment Name: Brecken High Yeller Date: 6-11-19 Page: 2 of 2 (508) 580-7175

Item No. Code Reference
C = Critical Item
R = Red Item

DESCRIPTION OF VIOLATION / PLAN OF CORRECTION
PLEASE PRINT CLEARLY

Date Verified

Red 38 38 38 39 38 39

Walls & floors were equipment clean

Obstruction

Supply Space clean

Supervisor: Patricia Biney 7-021

Allergen (FD)

Recommend JPM 2X west

2019 Food Safety & Inspect

Discussion With Person in Charge:

Corrective Action Required: No Yes

- Voluntary Compliance Employee Restriction / Exclusion
- Re-inspection Scheduled Emergency Suspension
- Embargo Emergency Closure
- Voluntary Disposal Other:

1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators

a) #1 38 F, #2 38 F, #3 38 F, #4 39 F, #5 38 F, #6 39 F, #7 F, #8 F, #9 F

freezers

b) #1 F, #2 F, #3 F, #4 F, #5 F, #6 F, #7 F

c) Are thermometers in place in all of the above? Yes No

2) Potentially Hazardous foods:

a) Stored at proper/temperatures/conditions? Yes ✓ No

b) Misbranded/adulterated/ unknown source? Yes ✓ No

c) Original, packaging, container in sound condition? Yes ✓ No

d) Outdated products? Yes ✓ No

e) PHF at proper temperatures (not/cold)? Yes ✓ No

3) Water source:

a) Any defects in system? Yes No ✓

b) Cross Contamination (check backflow preventers where needed?) Yes No ✓

c) Proper temperatures & pressure (check all faucets/fixtures) Yes ✓ No

4) Sewage/Plumbing

Is sewage disposal system in good condition? Yes ✓ No
(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

5) Bathroom, Facilities (men', ladies, employees)

a) Is facility vented properly? Yes ✓ No

b) Proper water temperature? Yes ✓ No

c) Soap, paper towels, toilet tissue, & all holders in place? Yes ✓ No

d) Door closure in place? Yes ✓ No

e) Hand washing signs in place in all bathrooms? Yes ✓ No

6) Rodent/roach/insect infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?

Look for bait boxes/droppings and check extermination reports

7) Worker Hygiene-Any signs of problems?

Check for hair restraints, clothing etc, any open cuts/sores etc? Yes No ✓

8) Two & three bay sinks/dishwashers/drain boards

a) Sanitizer charts posted? Yes ✓ No

b) Sanitizer used? Yes ✓ No

c) Chemical test kit on premises? Yes ✓ No

d) Wiping cloths kept in sanitizer? Yes ✓ No

e) Sanitizer log kept? Yes ✓ No

9) Facilities

a) Are food contact surfaces/equipment clean/sanitized Yes ✓ No

b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.) Yes ✓ No

10) Dumpster area clean/tight fitting lids/yard clean Yes ✓ No

11) Are toxic chemicals labeled and stored properly? Yes ✓ No

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION			Date Verified
			PLEASE PRINT CLEARLY			
			<p>Hand restraint → Gloves CSCC)</p> <p>Refrigerator 38.39.34.39. Walk 38°.</p> <p>Freezer 63° Walk in 3°</p> <p>Low Done by Burgers no Rodent notice.</p> <p>Blow sink in use.</p> <p>All surfaces clean.</p> <p>See Safe Michelle Smith 2020 also Allergen identification OK.</p> <p>Nothing sitting @ me of inspection.</p> <p>No violations @ time of inspection</p>			
Discussion With Person in Charge:			<p>Corrective Action Required: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Voluntary Compliance <input type="checkbox"/> Employee Restriction / Exclusion</p> <p><input type="checkbox"/> Re-inspection Scheduled <input type="checkbox"/> Emergency Suspension</p> <p><input type="checkbox"/> Embargo <input type="checkbox"/> Emergency Closure</p> <p><input type="checkbox"/> Voluntary Disposal <input type="checkbox"/> Other:</p>			

1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators

a) #1 38 F, #2 39 F, #3 39 F, #4 39 F, #5 38 F, #6 F, #7 F, #8 F, #9 F

freezers

b) #1 6 F, #2 F, #3 F, #4 F, #5 F, #6 F, #7 F

c) Are thermometers in place in all of the above? Yes No

2) Potentially Hazardous foods:

a) Stored at proper/temperatures/conditions?

Yes No

b) Misbranded/adulterated/ unknown source?

Yes No

c) Original, packaging, container in sound condition?

Yes No

d) Outdated products?

Yes No

e) PHF at proper temperatures (hot/cold)?

Yes No

3) Water source:

a) Any defects in system?

Yes No

b) Cross Contamination (check backflow preventers where needed?)

Yes No

c) Proper temperatures & pressure (check all faucets/fixtures)

Yes No

4) Sewage/Plumbing

Is sewage disposal system in good condition?

Yes No

(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

Yes No

5) Bathroom, Facilities (men', ladies, employees)

a) Is facility vented properly?

Yes No

b) Proper water temperature?

Yes No

c) Soap, paper towels, toilet tissue, & all holders in place?

Yes No

d) Door closure in place?

Yes No

e) Hand washing signs in place in all bathrooms?

Yes No

6) Rodent/roach/insect Infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?

Yes No

Look for bait boxes/droppings and check extermination reports

Yes No

7) Worker Hygiene-Any signs of problems?

Yes No

Check for hair restraints, clothing etc, any open cuts/sores etc?

Yes No

8) Two & three bay sinks/dishwashers/drain boards

Yes No

a) Sanitizer charts posted?

Yes No

b) Sanitizer used?

Yes No

c) Chemical test kit on premises?

Yes No

d) Wiping cloths kept in sanitizer?

Yes No

e) Sanitizer log kept?

Yes No

9) Facilities

Yes No

a) Are food contact surfaces/equipment clean/sanitized

Yes No

b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.)

Yes No

10) Dumpster area clean/tight fitting lids/yard clean

Yes No

11) Are toxic chemicals labeled and stored properly?

Yes No

Establishment Name: Brockton Board of Health Davis School

Date: 3/25/19

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION													
			PLEASE PRINT CLEARLY													
			<p>Parking lot clean and dumpster enclosed</p> <p>Kitchen area clean and organized</p> <p>No outdated product</p> <p>No chemicals near food</p> <p>Cooler/freezer are at proper temp.</p> <p>3 bay sink in use</p> <p>Restrooms S OK</p> <p>Permit up to date.</p>													
<p>Discussion With Person in Charge:</p> <table border="1"> <thead> <tr> <th>Corrective Action Required:</th> <th>No.</th> <th>Yes</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Voluntary Compliance</td> <td><input type="checkbox"/> Employee Restriction</td> </tr> <tr> <td><input type="checkbox"/> Re-inspection Scheduled</td> <td><input type="checkbox"/> Emergency Suspension</td> </tr> <tr> <td><input type="checkbox"/> Embargo</td> <td><input type="checkbox"/> Emergency Closure</td> </tr> <tr> <td><input type="checkbox"/> Voluntary Disposal</td> <td><input type="checkbox"/> Other:</td> </tr> </tbody> </table>						Corrective Action Required:	No.	Yes	<input type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> Employee Restriction	<input type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/> Emergency Suspension	<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Closure	<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other:
Corrective Action Required:	No.	Yes														
<input type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> Employee Restriction															
<input type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/> Emergency Suspension															
<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Closure															
<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other:															

1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators

a) #1 40 F, #2 38 F, #3 38 F, #4 F, #5 F, #6 F, #7 F, #8 F, #9 F

freezers

b) #1 11 F, #2 F, #3 F, #4 F, #5 F, #6 F, #7 F

c) Are thermometers in place in all of the above? Yes No

2). Potentially Hazardous foods:

a) Stored at proper/temperatures/conditions?

Yes No

b) Misbranded/adulterated/ unknown source?

Yes No

c) Original, packaging, container in sound condition?

Yes No

d) Outdated products?

Yes No

e) PHF at proper temperatures (not/cold)?

Yes No

3) Water source:

a) Any defects in system?

Yes No

b) Cross Contamination (check backflow preventers where needed?)

Yes No

c) Proper temperatures & pressure (check all faucets/fixtures)

Yes No

4) Sewage/Plumbing

Is sewage disposal system in good condition?

Yes No

(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

Yes No

5) Bathroom, Facilities (men', ladies, employees)

a) Is facility vented properly?

Yes No

b) Proper water temperature?

Yes No

c) Soap, paper towels, toilet tissue, & all holders in place?

Yes No

d) Door closure in place?

Yes No

e) Hand washing signs in place in all bathrooms?

Yes No

6) Rodent/roach/insect infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?

Yes No

Look for bait boxes/droppings and check extermination reports

7) Worker Hygiene-Any signs of problems?

Yes No

Check for hair restraints, clothing etc, any open cuts/sores etc?

Yes No

8) Two & three bay sinks/dishwashers/drain boards

Yes No

a) Sanitizer charts posted?

Yes No

b) Sanitizer used?

Yes No

c) Chemical test kit on premises?

Yes No

d) Wiping cloths kept in sanitizer?

Yes No

e) Sanitizer log kept?

Yes No

9) Facilities

Yes No

a) Are food contact surfaces/equipment clean/sanitized

Yes No

b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.)

Yes No

10) Dumpster area clean/tight fitting lids/yard clean

Yes No

11) Are toxic chemicals labeled and stored properly?

Yes No

Brockton Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Food Protection Program

45 School Street

Brockton, MA 02301

Tel. (508) 580-7175 Fax (508) 580-7179

Name	Downey School	Date	3/20/19	Type of Operation(s)	Type of Inspection
Address	45 Electric Ave	Risk Level		<input checked="" type="checkbox"/> Food Service	<input checked="" type="checkbox"/> Routine
Telephone	508 580 8224			<input type="checkbox"/> Retail	<input type="checkbox"/> Re-inspection
Owner	Brockton Public Schools			<input type="checkbox"/> Residential Kitchen	Previous Inspection
Person in Charge (PIC)				<input type="checkbox"/> Mobile	Date:
Inspector				<input type="checkbox"/> Temporary	<input type="checkbox"/> Pre-operation
				<input type="checkbox"/> Caterer	<input type="checkbox"/> Suspect illness
				<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> General Complaint
					<input type="checkbox"/> HACCP
					<input type="checkbox"/> Other
				Permit No. School	

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:
 Anti-Choking Tobacco
 590.009(E) 590.009(F)
 Allergens

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

- 2. Reporting of Diseases by Food Employee and PIC
- 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- 4. Food and Water from Approved Source
- 5. Receiving/Condition
- 6. Tags/Records/Accuracy of Ingredient Statements
- 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- 8. Separation/ Segregation/ Protection
- 9. Food Contact Surfaces Cleaning and Sanitizing
- 10. Proper Adequate Handwashing
- 11. Good Hygienic Practices

Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N
<input type="checkbox"/>	23. Management and Personnel (FC-2)(590.003)
<input type="checkbox"/>	24. Food and Food Protection (FC-3)(590.004)
<input type="checkbox"/>	25. Equipment and Utensils (FC-4)(590.006)
<input type="checkbox"/>	26. Water, Plumbing and Waste (FC-5)(590.006)
<input type="checkbox"/>	27. Physical Facility (FC-6)(590.007)
<input type="checkbox"/>	28. Poisonous or Toxic Materials (FC-7)(590.008)
<input type="checkbox"/>	29. Special Requirements (590.009)
<input type="checkbox"/>	30. Other

B: 590InspectFormB-14.doc

- 12. Prevention of Contamination from Hands

- 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- 14. Approved Food or Color Additives
- 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding
- 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

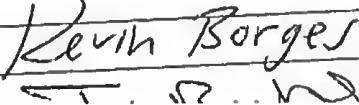
Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an Inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:



Inspector's Signature: 

Print: 

Page 1 of 2 Pgs

Establishment Name: Downey School Date: 3/20/19 Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION		Date Ver.
			PLEASE PRINT CLEARLY		
			<p>Parking lot clean dumpster - enclosed.</p> <p>Foodline clean and organized</p> <p>Servers wearing hats and gloves</p> <p>No outdated product</p> <p>No chemicals near food 3 bags in in use</p> <p>Cooler/freezer at proper temps.</p> <p>Safe food handling observed</p> <p>Boothrooms OIC</p> <p>No pest traps at time of inspection.</p>		
Discussion With Person in Charge:			Corrective Action Required:		
			<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
			<input type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> Employee Restriction	
			<input type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/> Emergency Suspens	
			<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Closure	
			<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other	

1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators
a) #1 38 F, #2 38 F, #3 40 F, #4 36 F, #5 F, #6 F, #7 F, #8 F, #9 F

freezers
b) #1 10 F, #2 F, #3 F, #4 F, #5 F, #6 F, #7 F

c) Are thermometers in place in all of the above? Yes No

2) Potentially Hazardous foods:

a) Stored at proper/temperatures/conditions?
b) Misbranded/adulterated/ unknown source?
c) Original, packaging, container in sound condition?
d) Outdated products?
e) PHF at proper temperatures (not/cold)?

Yes No
Yes No
Yes No
Yes No
Yes No

3) Water source:

a) Any defects in system?
b) Cross Contamination (check backflow preventers where needed)?
c) Proper temperatures & pressure (check all faucets/fixtures)

Yes No
Yes No
Yes No

4) Sewage/Plumbing

Is sewage disposal system in good condition?
(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

Yes No
Yes No

5) Bathroom, Facilities (men', ladies, employees)

a) Is facility vented properly?
b) Proper water temperature?
c) Soap, paper towels, toilet tissue, & all holders in place?
d) Door closure in place?
e) Hand washing signs in place in all bathrooms?

Yes No
Yes No
Yes No
Yes No
Yes No

6) Rodent/roach/Insect Infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?
Look for bait boxes/droppings and check extermination reports

Yes No

7) Worker Hygiene-Any signs of problems?

Check for hair restraints, clothing etc, any open cuts/sores etc?

Yes No
Yes No
Yes No
Yes No
Yes No

8) Two & three bay sinks/dishwashers/drain boards

a) Sanitizer charts posted?
b) Sanitizer used?
c) Chemical test kit on premises?
d) Wiping cloths kept in sanitizer?
e) Sanitizer log kept?

Yes No
Yes No
Yes No
Yes No
Yes No

9) Facilities

a) Are food contact surfaces/equipment clean/sanitized?
b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/
stoves/ovens/etc.)

Yes No
Yes No
Yes No
Yes No

10) Dumpster area clean/tight fitting lids/yard clean

11) Are toxic chemicals labeled and stored properly?

Brockton Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Food Protection Program

45 School Street

Brockton, MA 02301

Tel. (508) 580-7175 Fax (508) 580-7179

Name	East Junior High School	Date	3/25/2019	Type of Operation(s)	<input checked="" type="checkbox"/> Food Service	Type of Inspection	<input checked="" type="checkbox"/> Routine
Address	454 Centre Street	Risk Level		<input type="checkbox"/> Retail	<input type="checkbox"/> Re-inspection		
Telephone	(508) 580-7350			<input type="checkbox"/> Residential Kitchen	Previous Inspection Date: 6/13/18		
Owner	BPS			<input type="checkbox"/> Mobile	<input type="checkbox"/> Pre-operation		
Person In Charge (PIC)	Christine Beck (Hgr. Debbie was out sick)	HACCP Y/N	Time In: 11:15am	<input type="checkbox"/> Temporary	<input type="checkbox"/> Suspect Illness		
Inspector	Pat		Out:	<input type="checkbox"/> Caterer	<input type="checkbox"/> General Complaint		
				<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> HACCP		
				<input type="checkbox"/> Other			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

- 2. Reporting of Diseases by Food Employee and PIC
- 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- 4. Food and Water from Approved Source
- 5. Receiving/Condition
- 6. Tags/Records/Accuracy of Ingredient Statements
- 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- 8. Separation/ Segregation/ Protection
- 9. Food Contact Surfaces Cleaning and Sanitizing
- 10. Proper Adequate Handwashing
- 11. Good Hygienic Practices

Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N
	23. Management and Personnel (FC-2)(590.003)
	24. Food and Food Protection (FC-3)(590.004)
	25. Equipment and Utensils (FC-4)(590.005)
	26. Water, Plumbing and Waste (FC-6)(590.006)
	27. Physical Facility (FC-6)(590.007)
	28. Poisonous or Toxic Materials (FC-7)(590.008)
	28. Special Requirements (590.009)
	30. Other

81590InspectForm14.doc

<input checked="" type="checkbox"/> Food Service	<input checked="" type="checkbox"/> Routine
<input type="checkbox"/> Retail	<input type="checkbox"/> Re-inspection
<input type="checkbox"/> Residential Kitchen	Previous Inspection Date: 6/13/18
<input type="checkbox"/> Mobile	<input type="checkbox"/> Pre-operation
<input type="checkbox"/> Temporary	<input type="checkbox"/> Suspect Illness
<input type="checkbox"/> Caterer	<input type="checkbox"/> General Complaint
<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> HACCP
<input type="checkbox"/> Other	

Non-compliance with:
 Anti-Choking Tobacco
 590.009(E) 590.009(F)
 Allergens

- 12. Prevention of Contamination from Hands
- 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- 14. Approved Food or Color Additives
- 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding
- 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

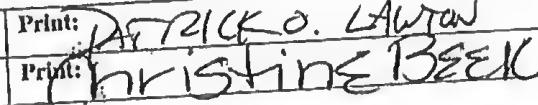
Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: 

Print: PATRICK O. LAWTON

Print: 

Page 1 of 2

Establishment Name: East Junior High SchoolDate: 3/22/19Page: 2 of 2Code
Reference
R - Red ItemC - Critical Item
Date
Verified

DESCRIPTION OF VIOLATION/PLAN OF CORRECTION

PLEASE PRINT CLEARLY

Kitchen facilities are well maintained, organized & sanitary
 Freezer freezers @ proper temp

HOT HUMID C 174°F

3 Reg small in use properly

NO pest issues

All servers & food handlers wearing hats & gloves

Bathrooms are okay ✓

(NO OUTDATED FOOD)

* Ceiling damage in
Service hallway P
(See R.B on 6/13/2018)

(NO VIOLATIONS)

Discussion With Person in Charge:



W.W.

Corrective Action Required

No Yes

- Voluntary Compliance Employee Restriction / Exclusion
- Re-inspection Scheduled Emergency Suspension
- Embargo Emergency Closure
- Voluntary Disposal Other:

1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators

a) #1 38°F, #2 35°F, #3 39°F, #4 °F, #5 °F, #6 °F, #7 °F, #8 °F, #9 °F

freezers

b) #1 3°F, #2 °F, #3 °F, #4 °F, #5 °F, #6 °F, #7 °F

c) Are thermometers in place in all of the above? Yes No

2). Potentially Hazardous foods:

a) Stored at proper/temperatures/conditions?

Yes No

b) Misbranded/adulterated/ unknown source?

Yes No

c) Original, packaging, container in sound condition?

Yes No

d) Outdated products?

Yes No

e) PHF at proper temperatures (not/cold)?

Yes No

3) Water source:

a) Any defects in system?

Yes No

b) Cross Contamination (check backflow preventers where needed?)

Yes No

c) Proper temperatures & pressure (check all faucets/fixtures)

Yes No

4) Sewage/Plumbing

Is sewage disposal system in good condition?

Yes No

(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

Yes No

5) Bathroom, Facilities (men', ladies, employees)

a) Is facility vented properly?

Yes No

b) Proper water temperature?

Yes No

c) Soap, paper towels, toilet tissue, & all holders in place?

Yes No

d) Door closure in place?

Yes No

e) Hand washing signs in place in all bathrooms?

Yes No

6) Rodent/roach/Insect infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?

Yes No

Look for bait boxes/droppings and check extermination reports

Yes No

7) Worker Hygiene-Any signs of problems?

Check for hair restraints, clothing etc, any open cuts/sores etc?

Yes No

8) Two & three bay sinks/dishwashers/drain boards

a) Sanitizer charts posted?

Yes No

b) Sanitizer used?

Yes No

c) Chemical test kit on premises?

Yes No

d) Wiping cloths kept in sanitizer?

Yes No

e) Sanitizer log kept?

Yes No

9) Facilities

a) Are food contact surfaces/equipment clean/sanitized

Yes No

b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.)

Yes No

10) Dumpster area clean/tight fitting lids/yard clean

Yes No

11) Are toxic chemicals labeled and stored properly?

Yes No

3/27/14
pe

FOOD ESTABLISHMENT INSPECTION REPORT

Name	Elena's Café Cardinal Spellman			Date	8-30-19	Type of Operation(s)	<input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast		Type of Inspection
Address	738 Court St.			Risk Level		<input type="checkbox"/> Previous Inspection <input checked="" type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other		Date	
Telephone	781-888-0749			HACCP Y/N					
Owner	Myshoerri Corp DBA Elena's Café			Time					
Person in charge (PIC)				In:					
Inspector	Mary Jane Butler			Out:					

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:
 Anti-Choking Tobacco
 590.009(E) 590.009(F)
 Allergens

FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC
 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

4. Food and Water from Approved Source
 5. Receiving/Condition
 6. Tags/Records/Accuracy of Ingredient Statements
 7. Conformance with Approved Procedures/HACCP Plans

12. Prevention of Contamination from Hands

13. Handwash Facilities

PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives
 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures
 17. Reheating
 18. Cooling
 19. Hot and Cold Holding
 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

21. Food and Food Preparation for HSP

CONSUMER ADVISORY

22. Posting of Consumer Advisories

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

C	N

6:650InspectForm6-14.doc

23. Management and Personnel (FC-2)(590.003)
 24. Food and Food Protection (FC-3)(590.004)
 25. Equipment and Utensils (FC-4)(590.005)
 26. Water, Plumbing and Waste (FC-5)(590.006)
 27. Physical Facility (FC-6)(590.007)
 28. Poisonous or Toxic Materials (FC-7)(590.008)
 28. Special Requirements (590.009)
 30. Other

Inspector's Signature:

Print: MARY JANE BUTLER

Page 1 of 2 Page

PIC's Signature:

Print: ELENA MYSHOERRI

1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment. *recently stock up*
coolers/refrigerators

a) #1 38 F, #2 36 F, #3 40 F, #4 40 F, #5 39 F, #6 F, #7 F, #8 F, #9 F

freezers
b) #1 17 F, #2 F, #3 F, #4 F, #5 F, #6 F, #7 F

c) Are thermometers in place in all of the above? Yes No

2) Potentially Hazardous foods:

a) Stored at proper/temperatures/conditions?

Yes No

b) Misbranded/adulterated/ unknown source?

Yes No

c) Original, packaging, container in sound condition?

Yes No

d) Outdated products?

Yes No

e) PHF at proper temperatures (not/cold)?

Yes No

3) Water source:

a) Any defects in system?

Yes No

b) Cross Contamination (check backflow preventers where needed?)

Yes No

c) Proper temperatures & pressure (check all faucets/fixtures)

Yes No

4) Sewage/Plumbing

Is sewage disposal system in good condition?

Yes No

(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

Yes No

5) Bathroom, Facilities (men, ladies, employees)

a) Is facility vented properly?

Yes No

b) Proper water temperature?

Yes No

c) Soap, paper towels, toilet tissue, & all holders in place?

Yes No

d) Door closure in place?

Yes No

e) Hand washing signs in place in all bathrooms?

Yes No

6) Rodent/roach/insect infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?

W/

Yes No

Look for bait boxes/droppings and check extermination reports

Yes No

7) Worker Hygiene-Any signs of problems?

Check for hair restraints, clothing etc, any open cuts/sores etc?

Yes No

8) Two & three bay sinks/dishwashers/drain boards

a) Sanitizer charts posted?

Yes No

b) Sanitizer used?

Yes No

c) Chemical test kit on premises?

Yes No

d) Wiping cloths kept in sanitizer?

Yes No

e) Sanitizer log kept?

Yes No

9) Facilities

a) Are food contact surfaces/equipment clean/sanitized?

Yes No

b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stove's/ovens/etc.)

Yes No

10) Dumpster area clean/tight fitting lids/yard clean

Yes No

11) Are toxic chemicals labeled and stored properly?

Yes No

Brockton Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Food Protection Program
 45 School Street
 Brockton, MA 02301
 Tel. (508) 580-7175 Fax (508) 580-7179

Name	Gilmore School		
Address	152 Clinton St.		
Telephone	508-580-7574		
Owner	BPS		
Person in Charge (PIC)			
Inspector	Dennis Smith		
Date	3/26/19		
Risk Level			
HACCP Y/N			
Time			
In:			
Out:			
Type of Operation(s)			
<input checked="" type="checkbox"/> Food Service	<input checked="" type="checkbox"/> Routine		
<input type="checkbox"/> Retail	<input type="checkbox"/> Re-inspection		
<input type="checkbox"/> Residential Kitchen	Previous Inspection Date:		
<input type="checkbox"/> Mobile	<input type="checkbox"/> Pre-operation		
<input type="checkbox"/> Temporary	<input type="checkbox"/> Suspect Illness		
<input type="checkbox"/> Caterer	<input type="checkbox"/> General Complaint		
<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> HACCP		
Permit No.	<input type="checkbox"/> Other		

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking Tobacco
 590.009(E) 590.009(F)
 Allergens

FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC

3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

4. Food and Water from Approved Source

5. Receiving/Condition

6. Tags/Records/Accuracy of Ingredient Statements

7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

8. Separation/ Segregation/ Protection

9. Food Contact Surfaces Cleaning and Sanitizing

10. Proper Adequate Handwashing

11. Good Hygienic Practices

12. Prevention of Contamination from Hands

13. Handwash Facilities

PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives

15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures

17. Reheating

18. Cooling

19. Hot and Cold Holding

20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

21. Food and Food Preparation for HSP

CONSUMER ADVISORY

22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N

- 23. Management and Personnel (FC-2)(590.003)
- 24. Food and Food Protection (FC-3)(590.004)
- 25. Equipment and Utensils (FC-4)(590.005)
- 26. Water, Plumbing and Waste (FC-5)(590.006)
- 27. Physical Facility (FC-6)(590.007)
- 28. Poisonous or Toxic Materials (FC-7)(590.008)
- 28. Special Requirements (590.009)
- 30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

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DATE OF RE-INSPECTION:

Inspector's Signature: <i>Dennis Smith</i>	Print: <i>Dennis Smith</i>	Page <u>1</u> of <u>2</u> Pages
PIC's Signature: <i>Laura Maguire</i>	Print: <i>Laura Maguire</i>	

Item No.	Code Reference	C - Critical Item R - Red Item	Date Verified
		Milk Containers 36° + 34°	
		Bathrooms Clean + Functioning	
		3 Basin Sink In Use Clean Working Properly	
		Vents Clean	
		Fridge 37°	
		Fridge -30	
		No Chiller Kept Near Food	
		Hair Nets + Gloves Worn	
		Fridge 36°	
		Milk 40°	
		Fridge 35°	
		Walls Floors + Surfaces Clean	
		No Outdated Food	
		No Violations at Time of Inspection	

DESCRIPTION OF VIOLATION / PLAN OF CORRECTION
PLEASE PRINT CLEARLY

Discussion With Person in Charge:	Corrective Action Required:	No	Yes
	<input checked="" type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> Employee Restriction / Exclusion	
	<input type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/> Emergency Suspension	
	<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Closure	
	<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other:	

1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators

a) #1 37°F, #2 36°F, #3 34°F, #4 36°F, #5 40°F, #6 35°F, #7 °F, #8 °F, #9 °F

freezers

b) #1 20°F, #2 °F, #3 °F, #4 °F, #5 °F, #6 °F, #7 °F

c) Are thermometers in place in all of the above? Yes No

2) Potentially Hazardous foods:

a) Stored at proper/temperatures/conditions?

Yes No

b) Misbranded/adulterated/ unknown source?

Yes No

c) Original, packaging, container in sound condition?

Yes No

d) Outdated products?

Yes No

e) PHF at proper temperatures (hot/cold)?

Yes No

3) Water source:

a) Any defects in system?

Yes No

b) Cross Contamination (check backflow preventers where needed?)

Yes No

c) Proper temperatures & pressure (check all faucets/fixtures)

Yes No

4) Sewage/Plumbing

Is sewage disposal system in good condition?

Yes No

(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

Yes No

5) Bathroom, Facilities (men', ladies, employees)

a) Is facility vented properly?

Yes No

b) Proper water temperature?

Yes No

c) Soap, paper towels, toilet tissue, & all holders in place?

Yes No

d) Door closure in place?

Yes No

e) Hand washing signs in place in all bathrooms?

Yes No

6) Rodent/roach/insect infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?

Yes No

Look for bait boxes/droppings and check extermination reports

Yes No

7) Worker Hygiene-Any signs of problems?

Check for hair restraints, clothing etc, any open cuts/sores etc?

Yes No

8) Two & three bay sinks/dishwashers/drain boards

a) Sanitizer charts posted?

Yes No

b) Sanitizer used?

Yes No

c) Chemical test kit on premises?

Yes No

d) Wiping cloths kept in sanitizer?

Yes No

e) Sanitizer log kept?

Yes No

9) Facilities

a) Are food contact surfaces/equipment clean/sanitized

Yes No

b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.)

Yes No

10) Dumpster area clean/tight fitting lids/yard clean

Yes No

11) Are toxic chemicals labeled and stored properly?

Yes No

Brockton Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Food Protection Program

45 School Street
Brockton, MA 02301

Tel. (508) 580-7175 Fax (508) 580-7179

Name	Hancock School		
Address	125 Pearl Street		
Telephone	508 580 1514		
Owner	BPS		
Person In Charge (PIC)			
Inspector	JL		
	Date	3/25/19	
	Risk Level		
	HACCP Y/N		
	Time		
	In:		
	Out:		
	Permit No.	School	

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:
Anti-Choking Tobacco
590.009(E) 590.009(F)
 Allergens

FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC

3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

4. Food and Water from Approved Source

5. Receiving/Condition

6. Tags/Records/Accuracy of Ingredient Statements

7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

8. Separation/ Segregation/ Protection

9. Food Contact Surfaces Cleaning and Sanitizing

10. Proper Adequate Handwashing

11. Good Hygienic Practices

12. Prevention of Contamination from Hands

13. Handwash Facilities

PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives

15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures

17. Reheating

18. Cooling

19. Hot and Cold Holding

20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

21. Food and Food Preparation for HSP

CONSUMER ADVISORY

22. Posting of Consumer Advisories

Number of Violated Provisions Related
To Foodborne Illnesses Interventions
and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

C	N

- 23. Management and Personnel (FC-2)(590.003)
- 24. Food and Food Protection (FC-3)(590.004)
- 25. Equipment and Utensils (FC-4)(590.005)
- 26. Water, Plumbing and Waste (FC-5)(590.006)
- 27. Physical Facility (FC-6)(590.007)
- 28. Poisonous or Toxic Materials (FC-7)(590.008)
- 28. Special Requirements (590.009)
- 30. Other

590InspectForm9-14.doc

Inspector's Signature:

Print:

PIC's Signature:

Print:

Page 1 of 2 Page

Brockton Board of Health / - - - - - / 1988 / Date: 1-1-91

Date: 1/5/11 Room: 104

112

Date :-

		DESCRIPTION OF VIOLATION / PLAN OF CORRECTION		Date Verified
Item No.	Code- Reference	C - Critical Item R - Red Item	PLEASE PRINT CLEARLY	
			Parking lot clean dumpster enclosed	
			Kitchen area clean and organized	
			No outdated product	
			No chemicals near food	
			Cooler/freezer at proper temp.	
			3 bay sink in use	
			No pest issues at time of inspection	
			Bathrooms OK	
			All servers wearing hats and gloves	
Discussion With Person in Charge:		Corrective Action Required:	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
		<input type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> Employee Restriction Exclusion	
		<input type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/> Emergency Suspension	
		<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Closure	
		<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other	

1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators

a) #1 36 F, #2 36 F, #3 38 F, #4 F, #5 F, #6 F, #7 F, #8 F, #9 F

freezers

b) #1 14 F, #2 F, #3 F, #4 F, #5 F, #6 F, #7 F

c) Are thermometers in place in all of the above? Yes No

2). Potentially Hazardous foods:

a) Stored at proper/temperatures/conditions?

Yes No

b) Misbranded/adulterated/ unknown source?

Yes No

c) Original, packaging, container in sound condition?

Yes No

d) Outdated products?

Yes No

e) PHF at proper temperatures (not/cold)?

Yes No

3) Water source:

a) Any defects in system?

Yes No

b) Cross Contamination (check backflow preventers where needed?)

Yes No

c) Proper temperatures & pressure (check all faucets/fixtures)

Yes No

4) Sewage/Plumbing

Is sewage disposal system in good condition?

Yes No

(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

Yes No

5) Bathroom, Facilities (men', ladies, employees)

a) Is facility vented properly?

Yes No

b) Proper water temperature?

Yes No

c) Soap, paper towels, toilet tissue, & all holders in place?

Yes No

d) Door closure in place?

Yes No

e) Hand washing signs in place in all bathrooms?

Yes No

6) Rodent/roach/insect infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?

Yes No

Look for bait boxes/droppings and check extermination reports

7) Worker Hygiene-Any signs of problems?

Check for hair restraints, clothing etc, any open cuts/sores etc?

Yes No

8) Two & three bay sinks/dishwashers/drain boards

a) Sanitizer charts posted?

Yes No

b) Sanitizer used?

Yes No

c) Chemical test kit on premises?

Yes No

d) Wiping cloths kept in sanitizer?

Yes No

e) Sanitizer log kept?

Yes No

9) Facilities

a) Are food contact surfaces/equipment clean/sanitized

Yes No

b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.)

Yes No

10) Dumpster area clean/tight fitting lids/yard clean

Yes No

11) Are toxic chemicals labeled and stored properly?

Yes No

Yes No

Yes No

Brockton Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Food Protection Program

45 School Street

Brockton, MA 02301

Tel. (508) 580-7175 Fax (508) 580-7179

Name	Huntington School			Date	03/26/19	Type of Operation(s)	<input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast		Type of Inspection	<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-Inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____	
Address	1129 warren ave			Risk Level							
Telephone				HACCP Y/N							
Owner	Brockton public school			Time							
Person In Charge (PIC)	Michelle Roberts			In:							
Inspector	Ghalek Young			Out:		Permit No.					

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:
 Anti-Choking Tobacco
 590.009(E) 590.009(F)
 Allergens

FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC

3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

4. Food and Water from Approved Source

5. Receiving/Condition

6. Tags/Records/Accuracy of Ingredient Statements

7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

8. Separation/ Segregation/ Protection

9. Food Contact Surfaces Cleaning and Sanitizing

10. Proper Adequate Handwashing

11. Good Hygienic Practices

12. Prevention of Contamination from Hands

13. Handwash Facilities

PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives

15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures

17. Reheating

18. Cooling

19. Hot and Cold Holding

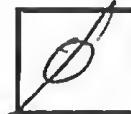
20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

21. Food and Food Preparation for HSP

CONSUMER ADVISORY

22. Posting of Consumer Advisories



Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an Inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

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Inspector's Signature:

Print:

PIC's Signature:

Print:

Page 1 of 2 Pages

No violations at the time of inspection.

Item No.	Code Reference	C - Critical Item R - Red Item
		Outside area clean. Driveway ok
		Cooking area clean (Tables, seats, Floors)
		Kitchen area clean and organized.
		Food line clean and stored properly
		Refrigerator's / Freezer set to proper temperature See Attached
		Refrigerated food products
		No chemicals near food products
		Bathroom ok
		No evidence of rodents (Burgess 1x a month)
		Hot water 117° F
		Serve Safe 3:00 - 8:00 AM
		Fresh bread ok
		Chicken 1:55
		Fishes/eggs 145° F
		Pasta 145° F
		Meat 145° F
		Rice 135-165

DESCRIPTION OF VIOLATION / PLAN OF CORRECTION
PLEASE PRINT CLEARLY

No violation at the time of inspection

Discussion With Person in Charge:

Corrective Action Required:	to	No.	Date
-----------------------------	----	-----	------

<input type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> Employee Restrict
<input type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/> Emergency Suspe
<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Closur
<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other:

1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators
a) #1 38 F, #2 40 F, #3 39 F, #4 40 F, #5 40 F, #6 F, #7 F, #8 F, #9 F

freezers
b) #1 F, #2 F, #3 F, #4 F, #5 F, #6 F, #7 F

c) Are thermometers in place in all of the above? Yes No

2). Potentially Hazardous foods:

a) Stored at proper/temperatures/conditions?
b) Misbranded/adulterated/ unknown source?
c) Original, packaging, container in sound condition?
d) Outdated products?
e) PHF at proper temperatures (not/cold)?

3) Water source:

a) Any defects in system?
b) Cross Contamination (check backflow preventers where needed?)
c) Proper temperatures & pressure (check all faucets/fixtures)

4) Sewage/Plumbing
Is sewage disposal system in good condition?
(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

5) Bathroom, Facilities (men', ladies, employees)

a) Is facility vented properly?
b) Proper water temperature?
c) Soap, paper towels, toilet tissue, & all holders in place?
d) Door closure in place?
e) Hand washing signs in place in all bathrooms?

6) Rodent/roach/insect infestation
Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?
Look for bait boxes/droppings and check extermination reports

7) Worker Hygiene-Any signs of problems?
Check for hair restraints, clothing etc, any open cuts/sores etc?

8) Two & three bay sinks/dishwashers/drain boards

a) Sanitizer charts posted?
b) Sanitizer used?
c) Chemical test kit on premises?
d) Wiping cloths kept in sanitizer?
e) Sanitizer log kept?

9) Facilities

a) Are food contact surfaces/equipment clean/sanitized
b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.)

10) Dumpster area clean/tight fitting lids/yard clean
11) Are toxic chemicals labeled and stored properly?

Yes No
Yes No
Yes No
Yes No
Yes No

Yes No
Yes No
Yes No

Yes No
Yes No
Yes No
Yes No
Yes No

OK

Yes No
Yes No
Yes No
Yes No
Yes No

2 bay
sink

Yes No
Yes No
Yes No
Yes No

hot holds
OR
155°

Hairnets
Gloves
in use

Serve safe
Michelle Roberts exp 22-

Brockton Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Food Protection Program

45 School Street

Brockton, MA 02301

Tel. (508) 580-7175 Fax (508) 580-7179

Name	Keith School		Date	3/22/19	Type of Operation(s)	<input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast		Type of Inspection	<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-Inspection <input type="checkbox"/> Previous Inspection Date: 6/18/19 <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other	
Address	175 Warren Avenue		Risk Level							
Telephone	(508) 580-7514		HACCP Y/N							
Owner	BPS		Time							
Person In Charge (PIC)			In:							
Inspector	P.A.		Out:		Permit No.					

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

- 2. Reporting of Diseases by Food Employee and PIC
- 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- 4. Food and Water from Approved Source
- 5. Receiving/Condition
- 6. Tags/Records/Accuracy of Ingredient Statements
- 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- 8. Separation/ Segregation/ Protection
- 9. Food Contact Surfaces Cleaning and Sanitizing
- 10. Proper Adequate Handwashing
- 11. Good Hygienic Practices

Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N
<input type="checkbox"/>	23. Management and Personnel (FC-2)(590.003)
<input type="checkbox"/>	24. Food and Food Protection (FC-3)(590.004)
<input type="checkbox"/>	25. Equipment and Utensils (FC-4)(590.005)
<input type="checkbox"/>	26. Water, Plumbing and Waste (FC-5)(590.006)
<input type="checkbox"/>	27. Physical Facility (FC-6)(590.007)
<input type="checkbox"/>	28. Poisonous or Toxic Materials (FC-7)(590.008)
<input type="checkbox"/>	29. Special Requirements (590.009)
<input type="checkbox"/>	30. Other

- 12. Prevention of Contamination from Hands
- 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- 14. Approved Food or Color Additives
- 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding
- 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

B: 590InspectFormB-14.doc

Inspector's Signature:

Print: PATRICK O. LAWTON
Print: KIM BOMCZ

Page 1 of 2 P

Establishment Name: Keith School

(508) 580-7175

Date: 3/22/2019 Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION PLEASE PRINT CLEARLY		Date Verified
			<ul style="list-style-type: none"> • Refrigerator left, curtilage, dumpster enclosure all week kept ✓ • Kitchen Facilities operational with paper Food prep/serve protective equipment (i.e. gloves; hair nets) • Dry Storage Area organized; signs of robust activity. • Not out-dated Food <ul style="list-style-type: none"> ↳ all items stored properly • HOT HOLDING Temps okay ✓ (164.5° F) • NO pest issues (Insects) • FRIDGE & REZERZER temps checked and Q paper temps (see notes) • Refrigerator well stocked and sanitary 		
			<p>Signatures / Allegations</p> <p>• 3 Bay Sink is used</p>		
			<p><u>NO VIOLATIONS</u> ✓</p>		
Discussion With Person in Charge: <u>N/A</u>			Corrective Action Required: <u>A</u> No <input type="checkbox"/> Yes		
			<input type="checkbox"/> Voluntary Compliance <input type="checkbox"/> Employee Restriction / Exclusion		
			<input type="checkbox"/> Re-inspection Scheduled <input type="checkbox"/> Emergency Suspension		
			<input type="checkbox"/> Embargo <input type="checkbox"/> Emergency Closure		
			<input type="checkbox"/> Voluntary Disposal <input type="checkbox"/> Other:		

1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators *nila*
 a) #139°F, #236°F, #338°F, #437°F, #5°F, #6°F, #7°F, #8°F, #9°F

freezers
 b) #110°F, #2°F, #3°F, #4°F, #5°F, #6°F, #7°F

c) Are thermometers in place in all of the above? Yes No

2) Potentially Hazardous foods:

a) Stored at proper/temperatures/conditions?
 b) Misbranded/adulterated/ unknown source?
 c) Original, packaging, container in sound condition?
 d) Outdated products?
 e) PHF at proper temperatures (not/cold)?

3) Water source:

a) Any defects in system?
 b) Cross Contamination (check backflow preventers where needed)?
 c) Proper temperatures & pressure (check all faucets/fixtures)

4) Sewage/Plumbing
 Is sewage disposal system in good condition?
 (check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

5) Bathroom, Facilities (men, ladies, employees)

a) Is facility vented properly?
 b) Proper water temperature?
 c) Soap, paper towels, toilet tissue, & all holders in place?
 d) Door closure in place?
 e) Hand washing signs in place in all bathrooms?

6) Rodent/roach/insect infestation
 Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?
 Look for bait boxes/droppings and check extermination reports

7) Worker Hygiene-Any signs of problems?
 Check for hair restraints, clothing etc, any open cuts/sores etc?

8) Two & three bay sinks/dishwashers/drain boards

a) Sanitizer charts posted?
 b) Sanitizer used?
 c) Chemical test kit on premises?
 d) Wiping cloths kept in sanitizer?
 e) Sanitizer log kept?

9) Facilities

a) Are food contact surfaces/equipment clean/sanitized
 b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.)

10) Dumpster area clean/tight fitting lids/yard clean

11) Are toxic chemicals labeled and stored properly?

Yes No

Elaine Simmons
 Server/Safe (exp 2020)
 Allergen ✓

Brockton Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Food Protection
45 School Street
Brockton, MA 02301
Tel. (508) 580-7175

Fax (508) 580-7179

Name	Kennedy School			Date	3/19/10	Type of Operation(s)	<input checked="" type="checkbox"/> Food Service	Type of Inspection	<input checked="" type="checkbox"/> Routine
Address	802 Ash Street			Risk Level			<input type="checkbox"/> Retail	Previous Inspection Date:	<input type="checkbox"/> Re-Inspection
Telephone	508-580-7333			HACCP Y/N			<input type="checkbox"/> Residential Kitchen		
Owner	BPS			Time			<input type="checkbox"/> Mobile		
Person in Charge (PIC)	Laurie Healy			In:			<input type="checkbox"/> Temporary		
Inspector	Dennis Smith			Out:			<input type="checkbox"/> Caterer		
							<input type="checkbox"/> Bed & Breakfast		
							Permit No.		

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

- 2. Reporting of Diseases by Food Employee and PIC
- 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- 4. Food and Water from Approved Source
- 5. Receiving/Condition
- 6. Tags/Records/Accuracy of Ingredient Statements
- 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- 8. Separation/ Segregation/ Protection
- 9. Food Contact Surfaces Cleaning and Sanitizing
- 10. Proper Adequate Handwashing
- 11. Good Hygienic Practices

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	Violation Description	Code
		23. Management and Personnel	(FC-2)(590.003)
		24. Food and Food Protection	(FC-3)(590.004)
		25. Equipment and Utensils	(FC-4)(590.005)
		26. Water, Plumbing and Waste	(FC-5)(590.006)
		27. Physical Facility	(FC-6)(590.007)
		28. Poisonous or Toxic Materials	(FC-7)(590.008)
		29. Special Requirements	(590.009)
		30. Other	

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- 12. Prevention of Contamination from Hands
- 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- 14. Approved Food or Color Additives
- 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding
- 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

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DATE OF RE-INSPECTION:

Inspector's Signature:

Dennis Smith

Print:

Dennis Smith

Print:

Laurie Healy

Page 1 of

Establishment Name: Henry S. Kennedy School Date: 3-19-19 Page: 2 of 2

No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION	
			PLEASE PRINT CLEARLY	
			Elastast Pac Clean, Floors flakes walls	
			Berries temp. 45° Milk not outated.	
			Gloves & Hairnets worn.	
			Prep Stations all Clean	
			3 Basin Sink in use works properly	
			All Exhaust-fans Clean.	
			Trunks 40°	
			39°	
			Walkin 48.5°	
			Fruit is not Rotted.	
			Cleaning Products not kept near food	
			Dumspster Area Clean.	
Discussion With Person in Charge:				
Corrective Action Required:			No	Yes
<input checked="" type="checkbox"/> Voluntary Compliance			<input type="checkbox"/> Employee Restriction	<input type="checkbox"/> Exclusion
<input type="checkbox"/> Re-inspection Scheduled			<input type="checkbox"/> Emergency Suspension	<input type="checkbox"/> Emergency Closure
<input type="checkbox"/> Embargo			<input type="checkbox"/> Emergency Closure	<input type="checkbox"/> Other
<input type="checkbox"/> Voluntary Disposal			<input type="checkbox"/> Other	<input type="checkbox"/> Other

1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators

a) #1 39° F, #2 40° F, #3 41° F, #4 42° F, #5 43° F, #6 44° F, #7 45° F, #8 46° F, #9 47° F

freezers

b) #1 0° F, #2 1° F, #3 2° F, #4 3° F, #5 4° F, #6 5° F, #7 6° F

c) Are thermometers in place in all of the above? Yes No

2). Potentially Hazardous foods:

a) Stored at proper/temperatures/conditions? Yes No

b) Misbranded/adulterated/ unknown source? Yes No

c) Original, packaging, container in sound condition? Yes No

d) Outdated products? Yes No

e) PHF at proper temperatures (not/cold)? Yes No

3) Water source:

a) Any defects in system? Yes No

b) Cross Contamination (check backflow preventers where needed?) Yes No

c) Proper temperatures & pressure (check all faucets/fixtures) Yes No

4) Sewage/Plumbing

Is sewage disposal system in good condition? Yes No

(check drains/ice machines/bar sinks, air gap, traps/grease traps etc) Yes No

5) Bathroom, Facilities (men', ladies, employees)

a) Is facility vented properly? Yes No

b) Proper water temperature? Yes No

c) Soap, paper towels, toilet tissue, & all holders in place? Yes No

d) Door closure in place? Yes No

e) Hand washing signs in place in all bathrooms? Yes No

6) Rodent/roach/insect infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?

Look for bait boxes/droppings and check extermination reports

7) Worker Hygiene-Any signs of problems?

Check for hair restraints, clothing etc, any open cuts/sores etc? Yes No

8) Two & three bay sinks/dishwashers/drain boards

a) Sanitizer charts posted? Yes No

b) Sanitizer used? Yes No

c) Chemical test kit on premises? Yes No

d) Wiping cloths kept in sanitizer? Yes No

e) Sanitizer log kept? Yes No

9) Facilities

a) Are food contact surfaces/equipment clean/sanitized Yes No

b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.) Yes No

10) Dumpster area clean/tight fitting lids/yard clean Yes No

11) Are toxic chemicals labeled and stored properly? Yes No

Brockton Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Food Protection Program

45 School Street
Brockton, MA 02301

Tel. (508) 580-7175 Fax (508) 580-7179

Name	Louis F. Angelo School		
Address	1472 N Main Street		
Telephone	508 580 7514		
Owner	Brockton Public School		
Person in Charge (PIC)	Lisa Mather		
Inspector	Charles Yocines		
	Date 03-18-19	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-Inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
	Risk Level HACCP Y/N	Time In: Out:	Permit No.

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

- 2. Reporting of Diseases by Food Employee and PIC
- 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- 4. Food and Water from Approved Source
- 5. Receiving/Condition
- 6. Tags/Records/Accuracy of Ingredient Statements
- 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- 8. Separation/ Segregation/ Protection
- 9. Food Contact Surfaces Cleaning and Sanitizing
- 10. Proper Adequate Handwashing
- 11. Good Hygienic Practices

Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		28. Special Requirements (590.009)
		30. Other

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- 12. Prevention of Contamination from Hands
- 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- 14. Approved Food or Color Additives
- 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding
- 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

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DATE OF RE-INSPECTION:



Inspector's Signature:

Charles Yocines

Print:

Charles Yocines

PIC's Signature:

LISA Mather

Print:

LISA Mather

Page 1 of 2

Establishment Name: Louis' F. Angelo School Street: _____ Date: 03-19-19 Page: 2 of 2

Item No.	Code Reference	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION		Date Verified
		C - Critical Item	R - Red Item	
		<p>Cupboards clean. Glass, tables, seats, chairs clean and organized</p> <p>Food items clean and stored properly</p> <p>No unlabeled food products</p> <p>No chemicals near food products</p> <p>Refrigerators / Freezer sets proper temperatures. (See Attached)</p> <p>The signs of rodents. Baited (fix or more) 125 or 100</p> <p>No warmer Temperature OK (see attached) 125 or 100</p> <p>Hot Holders OK (see attached)</p> <p>3rd sink is use</p> <p>Hand towels in use</p> <p>Food cooked to required temperatures</p> <p>Service Site Hygiene Awareness (See Attached) OK</p> <p>Bathrooms / O.C. Observed food handling (proper food handling) exhaust fans over cooking area clean.</p> <p>No violations of the time of inspection</p>		
Discussion With Person in Charge:		Corrective Action Required:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		<input type="checkbox"/> Voluntary Compliance <input type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/> Employee Restriction / <input type="checkbox"/> Emergency Suspension	
		<input type="checkbox"/> Embargo <input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Emergency Closure <input type="checkbox"/> Other:	

190 + 100 =
145 150
160

1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment. *(Leave 10°)*

coolers/refrigerators

a) #1 39 F, #2 40 F, #3 40 F, #4 36 F, #5 38 F, #6 40 F, #7 37 F, #8 40 F, #9 — F

freezers

b) #1 6 F, #2 — F, #3 — F, #4 — F, #5 — F, #6 — F, #7 — F

c) Are thermometers in place in all of the above? Yes No

2) Potentially Hazardous foods:

a) Stored at proper/temperatures/conditions?

Yes No

b) Misbranded/adulterated/ unknown source?

Yes No

c) Original, packaging, container in sound condition?

Yes No

d) Outdated products?

Yes No

e) PHF at proper temperatures (not/cold)?

Yes No

3) Water source:

a) Any defects in system?

Yes No

b) Cross Contamination (check backflow preventers where needed?)

Yes No

c) Proper temperatures & pressure (check all faucets/fixtures)

Yes No

4) Sewage/Plumbing

Is sewage disposal system in good condition?

Yes No

(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

Yes No

5) Bathroom, Facilities (men', ladies, employees)

a) Is facility vented properly?

Yes No

b) Proper water temperature?

Yes No

c) Soap, paper towels, toilet tissue, & all holders in place?

Yes No

d) Door closure in place?

Yes No

e) Hand washing signs in place in all bathrooms?

Yes No

6) Rodent/roach/insect Infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?

OK

Look for bait boxes/droppings and check extermination reports

7) Worker Hygiene-Any signs of problems?

Yes No

Check for hair restraints, clothing etc, any open cuts/sores etc?

8) Two & three bay sinks/dishwashers/drain boards

Yes No

a) Sanitizer charts posted?

Yes No

b) Sanitizer used?

Yes No

c) Chemical test kit on premises?

Yes No

d) Wiping cloths kept in sanitizer?

Yes No

e) Sanitizer log kept?

Yes No

9) Facilities

Yes No

a) Are food contact surfaces/equipment clean/sanitized

Yes No

b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/

Yes No

stoves/ovens/etc.)

Yes No

10) Dumpster area clean/tight fitting lids/yard clean

Yes No

11) Are toxic chemicals labeled and stored properly?

Yes No

Score
SAFE
/

Lisa Mather

exp 22

Kathleen Lub
exp 22

1 2

Brockton Board of Health
Establishment Name: Manthala George School

Date: 3/25/19

Page: 2 of 2

Item No.	Code Reference:	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION			Date Verified
		C - Critical Item	R - Red Item	PLEASE PRINT CLEARLY	
		Parking lot clean dumpster enclosed Kitchen area clean and organized No outdated product No chemicals near food Freezer/Fridge are at proper temps 3 bay sink in use Serviced up to date Bathrooms O/C			
Discussion With Person in Charge:		Corrective Action Required:		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		<input type="checkbox"/> Voluntary Compliance <input type="checkbox"/> Employee Restriction / Exclusion			
		<input type="checkbox"/> Re-inspection Scheduled <input type="checkbox"/> Emergency Suspension			
		<input type="checkbox"/> Embargo <input type="checkbox"/> Emergency Closure			
		<input type="checkbox"/> Voluntary Disposal <input type="checkbox"/> Other			

1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators
a) #1 39 F, #2 40 F, #3 39 F, #4 F, #5 F, #6 F, #7 F, #8 F, #9 F

freezers
b) #1 F, #2 F, #3 F, #4 F, #5 F, #6 F, #7 F

c) Are thermometers in place in all of the above? Yes No

2). Potentially Hazardous foods:

a) Stored at proper/temperatures/conditions?
b) Misbranded/adulterated/ unknown source?
c) Original, packaging, container in sound condition?
d) Outdated products?
e) PHF at proper temperatures (not/cold)?

Yes No
Yes No
Yes No
Yes No
Yes No

3) Water source:

a) Any defects in system?
b) Cross Contamination (check backflow preventers where needed?)
c) Proper temperatures & pressure (check all faucets/fixtures)

Yes No
Yes No
Yes No

4) Sewage/Plumbing

Is sewage disposal system in good condition?
(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

Yes No
Yes No

5) Bathroom, Facilities (men', ladies, employees)

a) Is facility vented properly?
b) Proper water temperature?
c) Soap, paper towels, toilet tissue, & all holders in place?
d) Door closure in place?
e) Hand washing signs in place in all bathrooms?

Yes No
Yes No
Yes No
Yes No
Yes No

6) Rodent/roach/insect infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?
Look for bait boxes/droppings and check extermination reports

Yes No

7) Worker Hygiene-Any signs of problems?

Check for hair restraints, clothing etc, any open cuts/sores etc?

Yes No

8) Two & three bay sinks/dishwashers/drain boards

a) Sanitizer charts posted?
b) Sanitizer used?
c) Chemical test kit on premises?
d) Wiping cloths kept in sanitizer?
e) Sanitizer log kept?

Yes No
Yes No
Yes No
Yes No
Yes No

9) Facilities

a) Are food contact surfaces/equipment clean/sanitized
b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/
stoves/ovens/etc.)

Yes No
Yes No
Yes No

10) Dumpster area clean/tight fitting lids/yard clean

11) Are toxic chemicals labeled and stored properly?

Brockton Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Food Protection Program

45 School Street

Brockton, MA 02301

Tel. (508) 580-7175 Fax (508) 580-7179

Name	Mary E. Baker School	Date	3/26/19	Type of Operation(s)	<input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection	<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-Inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address	45 Quincy Street	Risk Level		HACCP Y/N		Time	
Telephone	508-894-4485			In:		Out:	
Owner	BPS					Permit No.	
Person in Charge (PIC)							
Inspector	Dennis Smith						

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:
Anti-Choking Tobacco
590.009(E) 590.009(F)
 Allergens

FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC

3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

4. Food and Water from Approved Source

5. Receiving/Condition

6. Tags/Records/Accuracy of Ingredient Statements

7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

8. Separation/ Segregation/ Protection

9. Food Contact Surfaces Cleaning and Sanitizing

10. Proper Adequate Handwashing

11. Good Hygienic Practices

12. Prevention of Contamination from Hands

13. Handwash Facilities

PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives

15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures

17. Reheating

18. Cooling

19. Hot and Cold Holding

20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

21. Food and Food Preparation for HSP

CONSUMER ADVISORY

22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N
	23. Management and Personnel (FC-2)(590.003)
	24. Food and Food Protection (FC-3)(590.004)
	25. Equipment and Utensils (FC-4)(590.005)
	26. Water, Plumbing and Waste (FC-5)(590.006)
	27. Physical Facility (FC-6)(590.007)
	28. Poisonous or Toxic Materials (FC-7)(590.008)
	28. Special Requirements (590.009)
	30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature:	Dennis Smith	Print:	Dennis Smith	Page 1 of 2 Pages
PIC's Signature:	Nancy Cugno	Print:	Nancy Cugno	

1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators

a) #1 40 F, #2 36 F, #3 F, #4 F, #5 F, #6 F, #7 F, #8 F, #9 F

freezers

b) #1 11 F, #2 F, #3 F, #4 F, #5 F, #6 F, #7 F

c) Are thermometers in place in all of the above? Yes No

2). Potentially Hazardous foods:

a) Stored at proper/temperatures/conditions?
b) Misbranded/adulterated/ unknown source?
c) Original, packaging, container in sound condition?
d) Outdated products?
e) PHF at proper temperatures (not/cold)?

Yes No
Yes No
Yes No
Yes No
Yes No

3) Water source:

a) Any defects in system?
b) Cross Contamination (check backflow preventers where needed)?
c) Proper temperatures & pressure (check all faucets/fixtures)

Yes No
Yes No
Yes No

4) Sewage/Plumbing

Is sewage disposal system in good condition?
(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

Yes No
Yes No

5) Bathroom, Facilities (men', ladies, employees)

a) Is facility vented properly?
b) Proper water temperature?
c) Soap, paper towels, toilet tissue, & all holders in place?
d) Door closure in place?
e) Hand washing signs in place in all bathrooms?

Yes No
Yes No
Yes No
Yes No
Yes No

6) Rodent/roach/insect Infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?

Look for bait boxes/droppings and check extermination reports

Yes No

7) Worker Hygiene-Any signs of problems?

Check for hair restraints, clothing etc, any open cuts/sores etc?

8) Two & three bay sinks/dishwashers/drain boards

a) Sanitizer charts posted?
b) Sanitizer used?
c) Chemical test kit on premises?
d) Wiping cloths kept in sanitizer?
e) Sanitizer log kept?

Yes No
Yes No
Yes No
Yes No
Yes No

9) Facilities

a) Are food contact surfaces/equipment clean/sanitized?
b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.)

Yes No

10) Dumpster area clean/tight fitting lids/yard clean

11) Are toxic chemicals labeled and stored properly?

Yes No
Yes No
Yes No

Establishment Name: SPRINGFIELD _____

卷之三

Verified

1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators

a) #1 40 F, #2 34 F, #3 40 F, #4 38 F, #5 34 F, #6 38 F, #7 F, #8 F, #9 F

freezers

b) #1 12 F, #2 F, #3 F, #4 F, #5 F, #6 F, #7 F

c) Are thermometers in place in all of the above? Yes No

2). Potentially Hazardous foods:

a) Stored at proper/temperatures/conditions?

Yes No

b) Misbranded/adulterated/ unknown source?

Yes No

c) Original, packaging, container in sound condition?

Yes No

d) Outdated products?

Yes No

e) PHF at proper temperatures (not/cold)?

Yes No

3) Water source:

a) Any defects in system?

Yes No

b) Cross Contamination (check backflow preventers where needed?)

Yes No

c) Proper temperatures & pressure (check all faucets/fixtures)

Yes No

4) Sewage/Plumbing

Is sewage disposal system in good condition?

Yes No

(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

Yes No

5) Bathroom, Facilities (men', ladies, employees)

Yes No

a) Is facility vented properly?

Yes No

b) Proper water temperature?

Yes No

c) Soap, paper towels, toilet tissue, & all holders in place?

Yes No

d) Door closure in place?

Yes No

e) Hand washing signs in place in all bathrooms?

Yes No

6) Rodent/roach/insect infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?

OK

Look for bait boxes/droppings and check extermination reports

7) Worker Hygiene-Any signs of problems?

Yes No

Check for hair restraints, clothing etc, any open cuts/sores etc?

8) Two & three bay sinks/dishwashers/drain boards

Yes No

a) Sanitizer charts posted?

Yes No

b) Sanitizer used?

Yes No

c) Chemical test kit on premises?

Yes No

d) Wiping cloths kept in sanitizer?

Yes No

e) Sanitizer log kept?

Yes No

9) Facilities

Yes No

a) Are food contact surfaces/equipment clean/sanitized

Yes No

b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.)

Yes No

10) Dumpster area clean/tight fitting lids/yard clean

Yes No

11) Are toxic chemicals labeled and stored properly?

Yes No

Score Safe Stephanie A leveault or
Amanda A/GCn OK

- hot holding

- Hairnets/Gloves in use

water tank 125'

3 bay sink is used

No mice droppings
X burgers

Brockton Board of Health _____ Date _____

Establishment Name: New Heights Charter School

DESCRIPTION OF VIOLATION / PLAN OF CORRECTION

PLEASE PRINT CLEARLY

Verified

Item No. Code Reference C - Critical Item R - Red Item

Parking Lot Clean. Refrigeration Set at proper temps. 35° 36° 38°

Heating at 140°

Milk Set at 34°

Eating Area Clean

No Outdated Food / Rotten Fruit.

175° Cooked Food.

No Violations

Cleaning Area Clean.

Corrective Action Required:		Yes	No
<input type="checkbox"/>	Voluntary Compliance	<input type="checkbox"/>	Employee Restriction
<input type="checkbox"/>	Re-inspection Scheduled	<input type="checkbox"/>	Emergency Suspension
<input type="checkbox"/>	Embargo	<input type="checkbox"/>	Emergency Closure
<input type="checkbox"/>	Voluntary Disposal	<input type="checkbox"/>	Other:

Discussion With Person in Charge:

1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators Heating at 140°

a) #1 35 F, #2 36 F, #3 38 F, #4 F, #5 F, #6 F, #7 F, #8 F, #9 F

freezers

b) #1 16 F, #2 F, #3 F, #4 F, #5 F, #6 F, #7 F

c) Are thermometers in place in all of the above? Yes No

2). Potentially Hazardous foods:

a) Stored at proper/temperatures/conditions? Yes ✓ No

b) Misbranded/adulterated/ unknown source? Yes No ✓

c) Original, packaging, container in sound condition? Yes ✓ No

d) Outdated products? Yes No ✓

e) PHF at proper temperatures (not/cold)? Yes No ✓

3) Water source:

a) Any defects in system? Yes No ✓

b) Cross Contamination (check backflow preventers where needed?) Yes No ✓

c) Proper temperatures & pressure (check all faucets/fixtures) Yes ✓ No

4) Sewage/Plumbing

Is sewage disposal system in good condition? Yes ✓ No

(check drains/ice machines/bar sinks, air gap, traps/grease traps etc) Yes ✓ No

5) Bathroom, Facilities (men', ladies, employees)

a) Is facility vented properly? Yes ✓ No

b) Proper water temperature? Yes No ✓

c) Soap, paper towels, toilet tissue, & all holders in place? Yes ✓ No

d) Door closure in place? Yes No ✓

e) Hand washing signs in place in all bathrooms? Yes No ✓

6) Rodent/roach/insect infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?

Look for bait boxes/droppings and check extermination reports

7) Worker Hygiene-Any signs of problems?

Check for hair restraints, clothing etc, any open cuts/sores etc? Yes ✓ No

8) Two & three bay sinks/dishwashers/drain boards

a) Sanitizer charts posted? Yes ✓ No

b) Sanitizer used? Yes ✓ No

c) Chemical test kit on premises? Yes ✓ No

d) Wiping cloths kept in sanitizer? Yes ✓ No

e) Sanitizer log kept? Yes ✓ No

9) Facilities

a) Are food contact surfaces/equipment clean/sanitized Yes ✓ No

b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.) Yes ✓ No

10) Dumpster area clean/tight fitting lids/yard clean Yes ✓ No

11) Are toxic chemicals labeled and stored properly? Yes ✓ No

Brockton Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Food Protection Program
45 School Street
Brockton, MA 02301
Tel. (508) 580-7175 Fax (508) 580-7179

Name	NORTH Jr High		Date	Type of Operation(s)	Type of Inspection
Address	108 OAK street		Risk Level	<input type="checkbox"/> Food Service	<input type="checkbox"/> Routine
Telephone	508 580 7514		HACCP Y/N	<input type="checkbox"/> Retail	<input type="checkbox"/> Re-Inspection
Owner	Brockton Public School		Time	<input type="checkbox"/> Residential Kitchen	Previous Inspection Date:
Person in Charge (PIC)	Debra Roon		In:	<input type="checkbox"/> Mobile	<input type="checkbox"/> Pre-operation
Inspector	Chelob Younes		Out:	<input type="checkbox"/> Temporary	<input type="checkbox"/> Suspect Illness
				<input type="checkbox"/> Caterer	<input type="checkbox"/> General Complaint
				<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> HACCP
					<input type="checkbox"/> Other

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:
Anti-Choking Tobacco 590.009(E) 590.009(F)
 Allergens

FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC

3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

4. Food and Water from Approved Source

5. Receiving/Condition

6. Tags/Records/Accuracy of Ingredient Statements

7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

8. Separation/ Segregation/ Protection

9. Food Contact Surfaces Cleaning and Sanitizing

10. Proper Adequate Handwashing

11. Good Hygienic Practices

12. Prevention of Contamination from Hands

13. Handwash Facilities

PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives

15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures

17. Reheating

18. Cooling

19. Hot and Cold Holding

20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

21. Food and Food Preparation for HSP

CONSUMER ADVISORY

22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

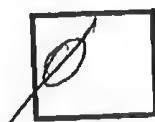
C	N
	23. Management and Personnel (FC-2)(590.003)
	24. Food and Food Protection (FC-3)(590.004)
	25. Equipment and Utensils (FC-4)(590.005)
	26. Water, Plumbing and Waste (FC-5)(590.006)
	27. Physical Facility (FC-6)(590.007)
	28. Poisonous or Toxic Materials (FC-7)(590.008)
	28. Special Requirements (590.009)
	30. Other

B: 590InspectForm14.doc

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:



Inspector's Signature:

Print: Chelob Younes

PIC's Signature:

Print: Debra Roon

Page 1 of 2

Establishment Name: North Junior High 10500 Street (508) 580-7175 Date: 03.15.19 Page: 2 of 2

Item No.	Code Reference	C-Critical Item R- Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION		Date Verified
			PLEASE PRINT CLEARLY		
			<p>Cooking, holding and storage area Tables, sinks, floor clean</p> <p>Cooking area, utensils clean</p> <p>Chefs / Chefs cook at proper temperatures (See attached)</p> <p>No out dated food products.</p> <p>No denatured yeast products</p> <p>No evidence of rodent activity</p> <p>Burgers 1x a month</p> <p>Not holding or not at proper temperatures (See attached)</p> <p>Hair nets / Gloves in use</p> <p>3 day holding use</p> <p>Food line clean and organized</p> <p>Serve Safe Allergen OK (See attached)</p>		
Discussion With Person in Charge:			Corrective Action Required:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
			<input type="checkbox"/> Voluntary Compliance <input type="checkbox"/> Employee Restriction / Exclusion	<input type="checkbox"/> Re-inspection Scheduled <input type="checkbox"/> Emergency Suspension	
			<input type="checkbox"/> Embargo <input type="checkbox"/> Emergency Closure	<input type="checkbox"/> Voluntary Disposal <input type="checkbox"/> Other.	

HOT Holding

160

145°

1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment. *walking* *7 serving area*

coolers/refrigerators, *1* *2* *3* *4* *5* *6* *7* *8* *9* F

freezers *1* *2* *3* *4* *5* *6* *7* F

c) Are thermometers in place in all of the above? Yes No

- Storage area
Clean
Food stored
properly

2). Potentially Hazardous foods:

a) Stored at proper/temperatures/conditions?

b) Misbranded/adulterated/ unknown source?

c) Original, packaging, container in sound condition?

d) Outdated products?

e) PHF at proper temperatures (not/cold)?

Yes No
Yes No
Yes No
Yes No
Yes No

3) Water source:

a) Any defects in system?

b) Cross Contamination (check backflow preventers where needed?)

c) Proper temperatures & pressure (check all faucets/fixtures)

Yes No
Yes No
Yes No

4) Sewage/Plumbing

Is sewage disposal system in good condition?
(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

Yes No
Yes No
Yes No
Yes No
Yes No

5) Bathroom, Facilities (men', ladies, employees)

a) Is facility vented properly?

b) Proper water temperature?

c) Soap, paper towels, toilet tissue, & all holders in place?

d) Door closure in place?

e) Hand washing signs in place in all bathrooms?

Yes No
Yes No
Yes No
Yes No
Yes No

6) Rodent/roach/Insect Infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?
Look for bait boxes/droppings and check extermination reports

- WASH units
128° F

7) Worker Hygiene-Any signs of problems?

Check for hair restraints, clothing etc, any open cuts/sores etc?

Yes No

8) Two & three bay sinks/dishwashers/drain boards

a) Sanitizer charts posted?

b) Sanitizer used?

c) Chemical test kit on premises?

d) Wiping cloths kept in sanitizer?

e) Sanitizer log kept?

Yes No
Yes No
Yes No
Yes No
Yes No

9) Facilities

a) Are food contact surfaces/equipment clean/sanitized?

b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/
stoves/ovens/etc.)

10) Dumpster area clean/tight fitting lids/yard clean

11) Are toxic chemicals labeled and stored properly?

Yes No
Yes No
Yes No
Yes No

MAXINE chandler 2020 faller
Debra Rooney 2020

Brockton Board of Health 45 West St Date: 03-14-19 Page: 2 of 2
 Establishment Name: Playhouse School

Item No.	Code Reference	C Critical Item R Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION									
			PLEASE PRINT CLEARLY									
			<p>Cafeteria, Tables / Seats, clean Kitchen area, storage area, equipment, counters, utensils, Clean Hairnets, Gloves in use Not holding hot (see attached) No refrigerators / Payers set @ Proper temperatures (see attached) No substandard food products No chemicals near food products / food No evidence of mice or rodents infestation. No bugs Bathrooms ok 3 bay sink in use Serve Safe / Allergen Awareness ok / see attached</p>									
			<p>No violations at the time of inspection.</p>									
			<p>03-14-19 10:10/2019 13-43-25</p>									
			<p>Dirapp App P701 GED SUB LOC WO</p>									
			<p>Corrective Action Required: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>									
			<p><input type="checkbox"/> Voluntary Compliance <input type="checkbox"/> Employee Restriction / Exclusion</p>									
			<p><input type="checkbox"/> Re-inspection Scheduled <input type="checkbox"/> Emergency Suspension</p>									
			<p><input type="checkbox"/> Embargo <input type="checkbox"/> Emergency Closure</p>									
			<p><input type="checkbox"/> Voluntary Disposal <input type="checkbox"/> Other.</p>									

Hairnets/Gloves must

1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators:
a) #1 37 F, #2 40 F, #3 38 F, #4 39 F, #5 39 F, #6 38 F, #7 38 F, #8 F, #9 F

freezers
b) #1 12 F, #2 F, #3 F, #4 F, #5 F, #6 F, #7 F

c) Are thermometers in place in all of the above? Yes No

2). Potentially Hazardous foods:

a) Stored at proper/temperatures/conditions?
b) Misbranded/adulterated/ unknown source?
c) Original, packaging, container in sound condition?
d) Outdated products?
e) PHF at proper temperatures (not/cold)?

3) Water source:

a) Any defects in system?
b) Cross Contamination (check backflow preventers where needed?)
c) Proper temperatures & pressure (check all faucets/fixtures)

4) Sewage/Plumbing
Is sewage disposal system in good condition?
(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

5) Bathroom, Facilities (men', ladies, employees)

a) Is facility vented properly?
b) Proper water temperature?
c) Soap, paper towels, toilet tissue, & all holders in place?
d) Door closure in place?
e) Hand washing signs in place in all bathrooms?

6) Rodent/roach/insect infestation
Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?
Look for bait boxes/droppings and check extermination reports

7) Worker Hygiene-Any signs of problems?
Check for hair restraints, clothing etc, any open cuts/sores etc?

8) Two & three bay sinks/dishwashers/drain boards

a) Sanitizer charts posted?
b) Sanitizer used?
c) Chemical test kit on premises?
d) Wiping cloths kept in sanitizer?
e) Sanitizer log kept?

9) Facilities

a) Are food contact surfaces/equipment clean/sanitized
b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/
stoves/ovens/etc.)

10) Dumpster area clean/tight fitting lids/yard clean

11) Are toxic chemicals labeled and stored properly?

Yes No
Yes No
Yes No
Yes No
Yes No

Yes No
Yes No
Yes No

Yes No
Yes No

Yes No
Yes No
Yes No
Yes No
Yes No

OK

Yes No

Yes No
Yes No
Yes No
Yes No
Yes No

Food
Spoiled
In proper

Hot water
Temp OK
130

Hot holding
160 min

Yes No
Yes No
Yes No
Yes No

3 bay
sink
in use

Yes No
Yes No
Yes No

SANDRA COWELL exp 2023 / Food Allergen -
MANY TIMBER LAKE exp 2023

↗ No nice
shopping

Brockton Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

(School)

Food Protection Program

45 School Street

Brockton, MA 02301

Tel. (508) 580-7175 Fax (508) 580-7179

Name	Raymond School		
Address	128 Oak Street		
Telephone	508-580-7514		
Owner	BPS		
Person In Charge (PIC)			
Inspector	PDL		
Date	3/18/19	Type of Operation(s)	<input checked="" type="checkbox"/> Food Service
Risk Level		<input type="checkbox"/> Retail	<input checked="" type="checkbox"/> Routine
		<input type="checkbox"/> Residential Kitchen	<input type="checkbox"/> Re-inspection
		<input type="checkbox"/> Mobile	<input type="checkbox"/> Previous Inspection
		<input type="checkbox"/> Temporary	<input type="checkbox"/> Date: 6/18/18
		<input type="checkbox"/> Caterer	<input type="checkbox"/> Pre-operation
		<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> Suspect Illness
HACCP Y/N			<input type="checkbox"/> General Complaint
Time	In: 10 AM	Permit No.	<input type="checkbox"/> HACCP
	Out:		<input type="checkbox"/> Other

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:
 Anti-Choking Tobacco
 590.009(E) 590.009(F)
 Allergens

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

- 2. Reporting of Diseases by Food Employee and PIC
- 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- 4. Food and Water from Approved Source
- 5. Receiving/Condition
- 6. Tags/Records/Accuracy of Ingredient Statements
- 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- 8. Separation/ Segregation/ Protection
- 9. Food Contact Surfaces Cleaning and Sanitizing
- 10. Proper Adequate Handwashing
- 11. Good Hygienic Practices

Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N
<input type="checkbox"/>	23. Management and Personnel (FC-2)(590.003)
<input type="checkbox"/>	24. Food and Food Protection (FC-3)(590.004)
<input type="checkbox"/>	25. Equipment and Utensils (FC-4)(590.005)
<input type="checkbox"/>	26. Water, Plumbing and Waste (FC-5)(590.006)
<input type="checkbox"/>	27. Physical Facility (FC-6)(590.007)
<input type="checkbox"/>	28. Poisonous or Toxic Materials (FC-7)(590.008)
<input type="checkbox"/>	28. Special Requirements (590.009)
<input type="checkbox"/>	30. Other

S: 890InspectForm14-000

- 12. Prevention of Contamination from Hands

- 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- 14. Approved Food or Color Additives
- 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

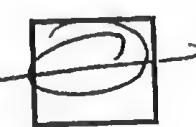
- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding
- 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

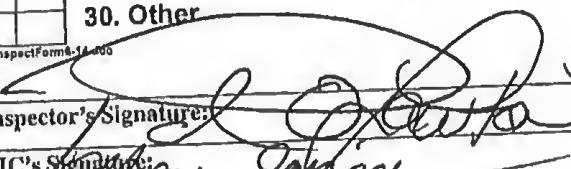
CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22): 

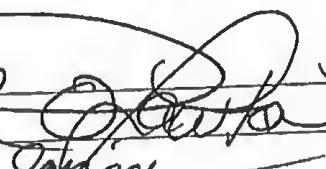
Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105.CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: 

Print: PATRICK O. CAUTON

Page 1 of 2 Page

PIC's Signature: 

Print: MARY DAMARNO

Item No.	Code Reference	C - Critical Item R - Red Item
----------	----------------	-----------------------------------

DESCRIPTION OF VIOLATION / PLAN OF CORRECTION

PLEASE PRINT CLEARLY

Date Verified

Kitchen facilities are clean, neat and sanitary.
Bathrooms ok
No outside food

No post issued (Item: Burger Pest Control)

3 Bay Sink in use

Paper food handling / prep by kitchen staff

Service Permits posted

~~No violations~~

Discussion With Person in Charge:

Corrective Action Required:

<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<input type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> Employee Restriction / Exclusion
<input type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/> Emergency Suspension
<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Closure
<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other

1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators

a) #1 36°F, #2 39°F, #3 40°F, #4 38°F, #5 37°F, #6 °F, #7 °F, #8 °F, #9 °F

freezers

b) #1 1°F, #2 3°F, #3 °F, #4 °F, #5 °F, #6 °F, #7 °F

c) Are thermometers in place in all of the above? Yes No

2). Potentially Hazardous foods:

a) Stored at proper/temperatures/conditions?

Yes No

b) Misbranded/adulterated/ unknown source?

Yes No

c) Original, packaging, container in sound condition?

Yes No

d) Outdated products?

Yes No

e) PHF at proper temperatures (not/cold)?

Yes No

3) Water source:

a) Any defects in system?

Yes No

b) Cross Contamination (check backflow preventers where needed?)

Yes No

c) Proper temperatures & pressure (check all faucets/fixtures)

Yes No

4) Sewage/Plumbing

Is sewage disposal system in good condition?

Yes No

(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

Yes No

5) Bathroom, Facilities (men', ladies, employees)

a) Is facility vented properly?

Yes No

b) Proper water temperature?

Yes No

c) Soap, paper towels, toilet tissue, & all holders in place?

Yes No

d) Door closure in place?

Yes No

e) Hand washing signs in place in all bathrooms?

Yes No

6) Rodent/roach/insect infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?

X

Look for bait boxes/droppings and check extermination reports

X

good ✓

7) Worker Hygiene-Any signs of problems?

Check for hair restraints, clothing etc, any open cuts/sores etc?

Yes No

8) Two & three bay sinks/dishwashers/drain boards

good ✓

a) Sanitizer charts posted?

Yes No

b) Sanitizer used?

Yes No

c) Chemical test kit on premises?

Yes No

d) Cleaning cloths kept in sanitizer?

Yes No

e) Sanitizer log kept?

Yes No

9) Facilities

a) Are food contact surfaces/equipment clean/sanitized

Yes No

b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.)

Yes No

10) Dumpster area clean/tight fitting lids/yard clean

Yes No

11) Are toxic chemicals labeled and stored properly?

Yes No

3/18/19
PDL

Brockton Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT *Kitchen*

Name	Saint Patrick's Church		
Address	335 MAIN STREET		
Telephone	(508) 586-4848		
Owner	St. Patrick's Church		
Person in Charge (PIC)	Father Francis Palobez		
Inspector	JOL		
Date	11/27/18		
Risk Level			
HACCP Y/N			
Time In:			
Out:			
Permit No.			
Type of Operation(s)	<input checked="" type="checkbox"/> Food Service <input checked="" type="checkbox"/> Retail <input checked="" type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast		
Type of Inspection	<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-Inspection <input type="checkbox"/> Previous Inspection Date: 2/21/2018		
<input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:
 Anti-Choking 590.009(E) Tobacco 590.009(F)
 Allergens

FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC

3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

4. Food and Water from Approved Source

5. Receiving/Condition

6. Tags/Records/Accuracy of Ingredient Statements

7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

8. Separation/ Segregation/ Protection

9. Food Contact Surfaces Cleaning and Sanitizing

10. Proper Adequate Handwashing

11. Good Hygienic Practices

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	Violation Description	Code
		23. Management and Personnel	(FC-2)(590.003)
		24. Food and Food Protection	(FC-3)(590.004)
		25. Equipment and Utensils	(FC-4)(590.005)
		26. Water, Plumbing and Waste	(FC-5)(590.006)
		27. Physical Facility	(FC-6)(590.007)
		28. Poisonous or Toxic Materials	(FC-7)(590.008)
		28. Special Requirements	(590.009)
		30. Other	

12. Prevention of Contamination from Hands

13. Handwash Facilities

PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives

15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures

17. Reheating

18. Cooling

19. Hot and Cold Holding

20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

21. Food and Food Preparation for HSP

CONSUMER ADVISORY

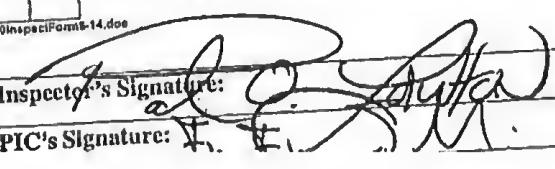
22. Posting of Consumer Advisories

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22): 

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

B: 590InspectForms-14.doe

Inspector's Signature: 

PIC's Signature: 

Print: PATRICK O. LAWTON

Print: FRANCES G. PALOBEZ

Page 1 of 2p

Item No.	Code Reference	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION		Date Verified
		C - Critical Item	R - Red Item	
<p>✓ Refrigerator lot + Dangier eatseur clean & been swept;</p> <p>Kitchen area is clean swept, items + organized;</p> <p>✓ Bathrooms are well stocked ✓</p> <p>✓ No out-dated food (Food + Chemicals stored properly)</p> <p>✓ No pest issues (In + Out Pest Control - before or after)</p> <p>Parrots ✓ Singed Very clean ✓</p> <p><u>NO VIOLATIONS</u></p>				
Discussion With Person in Charge:		<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Corrective Action Required:</p> <p><input checked="" type="checkbox"/> Voluntary Compliance <input type="checkbox"/> Employee Restriction / Exclusion</p> <p><input type="checkbox"/> Re-inspection Scheduled <input type="checkbox"/> Emergency Suspension</p> <p><input type="checkbox"/> Embargo <input type="checkbox"/> Emergency Closure</p> <p><input type="checkbox"/> Voluntary Disposal <input type="checkbox"/> Other:</p>		

1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators

a) #1 37 F, #2 45 F, #3 44 F, #4 45 F, #5 46 F, #6 47 F, #7 48 F, #8 49 F, #9 50 F

freezers

b) #1 45 F, #2 45 F, #3 45 F, #4 45 F, #5 46 F, #6 47 F, #7 48 F

c) Are thermometers in place in all of the above? Yes No

2). Potentially Hazardous foods:

a) Stored at proper/temperatures/conditions?
b) Misbranded/adulterated/ unknown source?
c) Original, packaging, container in sound condition?
d) Outdated products?
e) PHF at proper temperatures (not/cold)?

Yes No

Yes No

Yes No

Yes No

Yes No

3) Water source:

a) Any defects in system?
b) Cross Contamination (check backflow preventers where needed)?
c) Proper temperatures & pressure (check all faucets/fixtures)

Yes No

Yes No

Yes No

4) Sewage/Plumbing

Is sewage disposal system in good condition?
(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

Yes No

Yes No

5) Bathroom, Facilities (men', ladies, employees)

a) Is facility vented properly?
b) Proper water temperature?
c) Soap, paper towels, toilet tissue, & all holders in place?
d) Door closure in place?
e) Hand washing signs in place in all bathrooms?

Yes No

Yes No

Yes No

Yes No

Yes No

6) Rodent/roach/insect infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?
Look for bait boxes/droppings and check extermination reports

5 good ✓

7) Worker Hygiene-Any signs of problems?

Check for hair restraints, clothing etc, any open cuts/sores etc?

Yes No

8) Two & three bay sinks/dishwashers/drain boards

a) Sanitizer charts posted?
b) Sanitizer used?
c) Chemical test kit on premises?
d) Wiping cloths kept in sanitizer?
e) Sanitizer log kept?

Yes No

Yes No

Yes No

Yes No

Yes No

9) Facilities

a) Are food contact surfaces/equipment clean/sanitized?
b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.)

Yes No

Yes No

Yes No

10) Dumpster area clean/tight fitting lids/yard clean

Yes No

11) Are toxic chemicals labeled and stored properly?

Yes No

Yes No

Yes No

6/21/18

Brockton Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Food Protection Program

45 School Street

Brockton, MA 02301

Tel. (508) 580-7175 Fax (508) 580-7179

Name	South Junior High School		Date	3/25/19	Type of Operation(s)	Food Service		Type of Inspection	Routine
Address	105 Keith Avenue		Risk Level		<input type="checkbox"/> Retail	<input type="checkbox"/> Residential Kitchen	<input type="checkbox"/> Previous Inspection	Date:	6/20/19
Telephone	(508) 580-7310				<input type="checkbox"/> Mobile	<input type="checkbox"/> Temporary	<input type="checkbox"/> Pre-operation		
Owner	BPS		HACCP Y/N		<input type="checkbox"/> Caterer	<input type="checkbox"/> Suspect Illness	<input type="checkbox"/> General Complaint		
Person in Charge (PIC)	Elaine Nast		Time		<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> HACCP	<input type="checkbox"/> Other		
Inspector	POL		In:		Permit No.				
Out:									

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:
 Anti-Choking Tobacco
 590.009(E) 590.009(F)
 Allergens

FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC

3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

4. Food and Water from Approved Source

5. Receiving/Condition

6. Tags/Records/Accuracy of Ingredient Statements

7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

8. Separation/ Segregation/ Protection

9. Food Contact Surfaces Cleaning and Sanitizing

10. Proper Adequate Handwashing

11. Good Hygienic Practices

12. Prevention of Contamination from Hands

13. Handwash Facilities

PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives

15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures

17. Reheating

18. Cooling

19. Hot and Cold Holding

20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

21. Food and Food Preparation for HSP

CONSUMER ADVISORY

22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N
<input type="checkbox"/>	23. Management and Personnel (FC-2)(590.003)
<input type="checkbox"/>	24. Food and Food Protection (FC-3)(590.004)
<input type="checkbox"/>	25. Equipment and Utensils (FC-4)(590.005)
<input type="checkbox"/>	26. Water, Plumbing and Waste (FC-5)(590.006)
<input type="checkbox"/>	27. Physical Facility (FC-6)(590.007)
<input type="checkbox"/>	28. Poisonous or Toxic Materials (FC-7)(590.008)
<input type="checkbox"/>	28. Special Requirements (590.009)
<input type="checkbox"/>	30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Establishment Name: South Junior High School Date: 3/25/2019 Page: 2 of 2Item No. Code Reference: C - Critical Item
R - Red ItemDESCRIPTION OF VIOLATION / PLAN OF CORRECTION
PLEASE PRINT CLEARLY

Date Verified

Packing Lot 3. Impaired exclusive or broken sink. No water ✓

Kitchen facilities are operational and in good working order

- Proper cooler / freezer temps ✓
- 3 Bay sink ✓
- Cleaners stored properly
- Open food held hot holding @ paper-tents ($n 141^{\circ}F$)

No outdated food

Dry storage good

No Pest issues

Proper food handling procedures observed

✓
✓
✓

Temp logs on wall-line ✓

(No violations)

Discussion With Person in Charge:

(N/A)

Corrective Action Required: No Yes

- Voluntary Compliance
- Employee Restriction / Exclusion
- Re-inspection Scheduled
- Emergency Suspension
- Embargo
- Emergency Closure
- Voluntary Disposal
- Other:

1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators

a) #1 F, #2 F, #3 F, #4 F, #5 F, #6 F, #7 F, #8 F, #9 F

freezers

b) #1 F, #2 F, #3 F, #4 F, #5 F, #6 F, #7 F

c) Are thermometers in place in all of the above? Yes No

2). Potentially Hazardous foods:

a) Stored at proper/temperatures/conditions? Yes No

b) Misbranded/adulterated/ unknown source? Yes No

c) Original, packaging, container in sound condition? Yes No

d) Outdated products? Yes No

e) PHF at proper temperatures (hot/cold)? Yes No

3) Water source:

a) Any defects in system? Yes No

b) Cross Contamination (check backflow preventers where needed)? Yes No

c) Proper temperatures & pressure (check all faucets/fixtures)? Yes No

4) Sewage/Plumbing

Is sewage disposal system in good condition? Yes No

(check drains/ice machines/bar sinks, air gap, traps/grease traps etc) Yes No

5) Bathroom, Facilities (men', ladies, employees)

a) Is facility vented properly? Yes No

b) Proper water temperature? Yes No

c) Soap, paper towels, toilet tissue, & all holders in place? Yes No

d) Door closure in place? Yes No

e) Hand washing signs in place in all bathrooms? Yes No

6) Rodent/roach/insect infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc? Yes No *global*

Look for bait boxes/droppings and check extermination reports Yes No

7) Worker Hygiene-Any signs of problems?

Check for hair restraints, clothing etc, any open cuts/sores etc? Yes No

8) Two & three bay sinks/dishwashers/drain boards

a) Sanitizer charts posted? Yes No

b) Sanitizer used? Yes No

c) Chemical test kit on premises? Yes No

d) Wiping cloths kept in sanitizer? Yes No

e) Sanitizer log kept? Yes No

9) Facilities

a) Are food contact surfaces/equipment clean/sanitized? Yes No

b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.) Yes No

10) Dumpster area clean/tight fitting lids/yard clean Yes No *PA*

11) Are toxic chemicals labeled and stored properly? Yes No *7/21/15*

Brockton Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Food Protection Program
45 School Street
Brockton, MA 02301
Tel. (508) 580-7175 Fax (508) 580-7179

Name	Trinity Catholic Upper	Date	3/19/19	Type of Operation(s)	<input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection	<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-Inspection
Address	37 Erie Ave	Risk Level		Previous Inspection Date:			
Telephone							
Owner	Trinity Catholic Upper	HACCP Y/N					
Person in Charge (PIC)		Time					
Inspector	K. Borges	In:					
		Out:		Permit No.			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:
Anti-Choking Tobacco
590.009(E) 590.009(F)
 Allergens

FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC

3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

4. Food and Water from Approved Source

5. Receiving/Condition

6. Tags/Records/Accuracy of Ingredient Statements

7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

8. Separation/ Segregation/ Protection

9. Food Contact Surfaces Cleaning and Sanitizing

10. Proper Adequate Handwashing

11. Good Hygienic Practices

12. Prevention of Contamination from Hands

13. Handwash Facilities

PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives

15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures

17. Reheating

18. Cooling

19. Hot and Cold Holding

20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

21. Food and Food Preparation for HSP

CONSUMER ADVISORY

22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		28. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



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DATE OF RE-INSPECTION:

Inspector's Signature:

Print:

Kevin Borges

PIC's Signature:

Print:

M. Leonard

Page 1 of 2 Pages

Establishment Name: Trinity Catholic Upper Date: 3/19/19 Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION																						
			PLEASE PRINT CLEARLY																						
			<p>Parking lot clean and dumpster enclosed</p> <p>Kitchen is clean and welcoming</p> <p>Hot holding temps, OK</p> <p>No outdated product</p> <p>All coolers/freezers are at proper temps.</p> <p>No pest issues T.P.M 1X per month</p> <p>All servers wearing hats and gloves</p> <p>Bathrooms OK</p>																						
Discussion With Person in Charge:			<table border="1"> <thead> <tr> <th colspan="2">Corrective Action Required:</th> <th><input checked="" type="checkbox"/> No</th> <th><input type="checkbox"/> Yes</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>Voluntary Compliance</td> <td><input type="checkbox"/></td> <td>Employee Restriction / Exclusion</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Re-inspection Scheduled</td> <td><input type="checkbox"/></td> <td>Emergency Suspension</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Embargo</td> <td><input type="checkbox"/></td> <td>Emergency Closure</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Voluntary Disposal</td> <td><input type="checkbox"/></td> <td>Other:</td> </tr> </tbody> </table>			Corrective Action Required:		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/>	Voluntary Compliance	<input type="checkbox"/>	Employee Restriction / Exclusion	<input type="checkbox"/>	Re-inspection Scheduled	<input type="checkbox"/>	Emergency Suspension	<input type="checkbox"/>	Embargo	<input type="checkbox"/>	Emergency Closure	<input type="checkbox"/>	Voluntary Disposal	<input type="checkbox"/>	Other:
Corrective Action Required:		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes																						
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<input type="checkbox"/>	Voluntary Disposal	<input type="checkbox"/>	Other:																						

1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators

a) #1 40 F, #2 38 F, #3 36 F, #4 F, #5 F, #6 F, #7 F, #8 F, #9 F

freezers

b) #1 12 F, #2 F, #3 F, #4 F, #5 F, #6 F, #7 F

c) Are thermometers in place in all of the above? Yes No

2) Potentially Hazardous foods:

a) Stored at proper/temperatures/conditions?
b) Misbranded/adulterated/ unknown source?
c) Original, packaging, container in sound condition?
d) Outdated products?
e) PHF at proper temperatures (not/cold)?

Yes No
Yes No
Yes No
Yes No
Yes No

3) Water source:

a) Any defects in system?
b) Cross Contamination (check backflow preventers where needed)?
c) Proper temperatures & pressure (check all faucets/fixtures)

Yes No
Yes No
Yes No

4) Sewage/Plumbing

Is sewage disposal system in good condition?
(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

Yes No
Yes No

5) Bathroom, Facilities (men', ladies, employees)

a) Is facility vented properly?
b) Proper water temperature?
c) Soap, paper towels, toilet tissue, & all holders in place?
d) Door closure in place?
e) Hand washing signs in place in all bathrooms?

Yes No
Yes No
Yes No
Yes No
Yes No

6) Rodent/roach/insect infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?
Look for bait boxes/droppings and check extermination reports

Yes No

7) Worker Hygiene-Any signs of problems?

Check for hair restraints, clothing etc, any open cuts/sores etc?

Yes No

8) Two & three bay sinks/dishwashers/drain boards

a) Sanitizer charts posted?
b) Sanitizer used?
c) Chemical test kit on premises?
d) Cleaning cloths kept in sanitizer?
e) Sanitizer log kept?

Yes No
Yes No
Yes No
Yes No
Yes No

9) Facilities

a) Are food contact surfaces/equipment clean/sanitized?
b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/
stoves/ovens/etc.)

Yes No

10) Dumpster area clean/tight fitting lids/yard clean
11) Are toxic chemicals labeled and stored properly?

Yes No
Yes No
Yes No

Brockton Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Name	Trinity Catholic - Lower	Date	3/20/19	Type of Operation(s)	<input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection	<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other <u>School</u>
Address	631 North Main Street	Risk Level		HACCP Y/N		Time In:	
Telephone	508 583 6231			Time Out:		Permit No.	
Owner	Trinity Catholic - Lower						
Person in Charge (PIC)							
Inspector	<u>Kevin B</u>						

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:
Anti-Choking Tobacco
590.009(E) 590.009(F)
 Allergens

FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC

3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

4. Food and Water from Approved Source

5. Receiving/Condition

6. Tags/Records/Accuracy of Ingredient Statements

7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

8. Separation/ Segregation/ Protection

9. Food Contact Surfaces Cleaning and Sanitizing

10. Proper Adequate Handwashing

11. Good Hygienic Practices

12. Prevention of Contamination from Hands

13. Handwash Facilities

PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives

15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures

17. Reheating

18. Cooling

19. Hot and Cold Holding

20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

21. Food and Food Preparation for HSP

CONSUMER ADVISORY

22. Posting of Consumer Advisories

Number of Violated Provisions Related
To Foodborne Illnesses Interventions
and Risk Factors (Red Items 1-22):



Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

5:50 Inspection Form 8-14.dos

Inspector's Signature: Kevin B

Print:

Kevin Berger

PIC's Signature: Kristin T. Blanchette

Print:

Kristin Blanchette

Page 1 of 2 Page

1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators

a) #1 58 F, #2 76 F, #3 71 F, #4 F, #5 F, #6 F, #7 F, #8 F, #9 F

freezers

b) #1 F, #2 F, #3 F, #4 F, #5 F, #6 F, #7 F

c) Are thermometers in place in all of the above? Yes No

2). Potentially Hazardous foods:

a) Stored at proper/temperatures/conditions?
b) Misbranded/adulterated/ unknown source?
c) Original, packaging, container in sound condition?
d) Outdated products?
e) PHF at proper temperatures (not/cold)?

Yes No
Yes No
Yes No
Yes No
Yes No

3) Water source:

a) Any defects in system?
b) Cross Contamination (check backflow preventers where needed?)
c) Proper temperatures & pressure (check all faucets/fixtures)

Yes No
Yes No
Yes No

4) Sewage/Plumbing

Is sewage disposal system in good condition?
(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

Yes No
Yes No

5) Bathroom, Facilities (men', ladies, employees)

a) Is facility vented properly?
b) Proper water temperature?
c) Soap, paper towels, toilet tissue, & all holders in place?
d) Door closure in place?
e) Hand washing signs in place in all bathrooms?

Yes No
Yes No
Yes No
Yes No
Yes No

6) Rodent/roach/Insect Infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?
Look for bait boxes/droppings and check extermination reports

Yes No

7) Worker Hygiene-Any signs of problems?

Check for hair restraints, clothing etc, any open cuts/sores etc?

Yes No

8) Two & three bay sinks/dishwashers/drain boards

a) Sanitizer charts posted?
b) Sanitizer used?
c) Chemical test kit on premises?
d) Wiping cloths kept in sanitizer?
e) Sanitizer log kept?

Yes No
Yes No
Yes No
Yes No
Yes No

9) Facilities

a) Are food contact surfaces/equipment clean/sanitized?
b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/
stoves/ovens/etc.)

Yes No

10) Dumpster area clean/tight fitting lids/yard clean
11) Are toxic chemicals labeled and stored properly?

Yes No
Yes No
Yes No

Brockton Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Food Protection Program

45 School Street

Brockton, MA 02301

Tel. (508) 580-7175 Fax (508) 580-7179

Name	West Junior High School	Date	03-25-19	Type of Operation(s)	<input checked="" type="checkbox"/> Food Service	Type of Inspection	<input checked="" type="checkbox"/> Routine
Address	271 West Street	Risk Level		<input type="checkbox"/> Retail	<input type="checkbox"/> Re-Inspection		
Telephone	508-580-7514			<input type="checkbox"/> Residential Kitchen	Previous Inspection Date:		
Owner	Brockton Public Schools	HACCP Y/N		<input type="checkbox"/> Mobile	<input type="checkbox"/> Pre-operation		
Person in Charge (PIC)	Chantal Young, NO. 11026			<input type="checkbox"/> Temporary	<input type="checkbox"/> Suspect Illness		
Inspector	Chantal Young	Time		<input type="checkbox"/> Caterer	<input type="checkbox"/> General Complaint		
		In:		<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> HACCP		
		Out:			<input type="checkbox"/> Other		
				Permit No. 019970			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:
 Anti-Choking Tobacco
 590.009(E) 590.009(F)
 Allergens

FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC

3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

4. Food and Water from Approved Source

5. Receiving/Condition

6. Tags/Records/Accuracy of Ingredient Statements

7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

8. Separation/ Segregation/ Protection

9. Food Contact Surfaces Cleaning and Sanitizing

10. Proper Adequate Handwashing

11. Good Hygienic Practices

12. Prevention of Contamination from Hands

13. Handwash Facilities

PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives

15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures

17. Reheating

18. Cooling

19. Hot and Cold Holding

20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

21. Food and Food Preparation for HSP

CONSUMER ADVISORY

22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		28. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

8-590InspectForm5-14.doc



Inspector's Signature:	Print:	Chantal Young
PIC's Signature:	Print:	Chantal Young, NO. 11026
		Page 1 of 2 Pages

Brockton Board of Health Date: 03.25.19 Page: 2 of 2

Establishment Name: WPS Junior High School

Item No. Code Reference C = Critical Item R = Red Item

DESCRIPTION OF VIOLATION/PLAN OF CORRECTION
PLEASE PRINT CLEARLY

Date Verified

Item No.

Code Reference

C = Critical Item

R = Red Item

1. Kitchen area clean (Floors, Tables, Sinks).

2. Kitchen area clean and stored properly Food items clean and stored properly Temperature (see attached)

Refrigerators/Freezers, ~~sub~~ proper Temperatures (45° F)

Hot Holding units proper Temperatures (156° F)

No out dated food products.

No chemicals used food products.

No evidence of rodents. Baited or a mouse trap (also AS Requested)

No mice traps in use

3. Bag sink is used

4. Brothoom ok.

5. Safe Disposal (See attached)

6. Observed proper food handling, serving to students.

The violations at the time of inspection

Discussion With Person in Charge:

Corrective Action Required: No Yes

- Voluntary Compliance Employee Restriction / Exclusion
- Re-inspection Scheduled Emergency Suspension
- Embargo Emergency Closure
- Voluntary Disposal Other:

1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators

a) #1 40 F, #2 38 F, #3 40 F, #4 F, #5 F, #6 F, #7 F, #8 F, #9 F
freezers

b) #1 F, #2 F, #3 F, #4 F, #5 F, #6 F, #7 F

c) Are thermometers in place in all of the above? Yes No

2) Potentially Hazardous foods:

a) Stored at proper/temperatures/conditions?

Yes No

b) Misbranded/adulterated/ unknown source?

Yes No

c) Original, packaging, container in sound condition?

Yes No

d) Outdated products?

Yes No

e) PHF at proper temperatures (not/cold)?

Yes No

3) Water source:

a) Any defects in system?

Yes No

b) Cross Contamination (check backflow preventers where needed?)

Yes No

c) Proper temperatures & pressure (check all faucets/fixtures)

Yes No

4) Sewage/Plumbing

Is sewage disposal system in good condition?

Yes No

(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

Yes No

Hot water

126 °F

5) Bathroom, Facilities (men', ladies, employees)

a) Is facility vented properly?

Yes No

b) Proper water temperature?

Yes No

c) Soap, paper towels, toilet tissue, & all holders in place?

Yes No

d) Door closure in place?

Yes No

e) Hand washing signs in place in all bathrooms?

Yes No

6) Rodent/roach/insect infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?

OK

Look for bait boxes/droppings and check extermination reports

7) Worker Hygiene-Any signs of problems?

Check for hair restraints, clothing etc, any open cuts/sores etc?

Yes No

8) Two & three bay sinks/dishwashers/drain boards

a) Sanitizer charts posted?

Yes No

b) Sanitizer used?

Yes No

c) Chemical test kit on premises?

Yes No

d) Wiping cloths kept in sanitizer?

Yes No

e) Sanitizer log kept?

Yes No

9) Facilities

a) Are food contact surfaces/equipment clean/sanitized?

Yes No

b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.)

Yes No

10) Dumpster area clean/tight fitting lids/yard clean

Yes No

11) Are toxic chemicals labeled and stored properly?

Yes No

✓ Serve safe Tennessee COX exp 23
✓ Christine Hoeg exp 21.

not holding
it's
good
property

Hair Net
Gloves
in use